# Case 18-42946-can7 Doc 1 Filed 11/14/18 Entered 11/14/18 15:36:02 Desc Main Document Page 1 of 83

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
WESTERN DISTRICT OF MISSOURI	-	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	rt 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Casey First name  E Middle name	First name  Middle name	
	Bring your picture identification to your meeting with the trustee.	Hadley Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you hav used in the last 8 years	e		
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-5202		

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Case number (if known)

Debtor 1 Casey E Hadley

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names	☐ I have not used any business name or EINs.  FDBA Resolution Reuse, LLC, Global Thrift LLC, Community Closet LLC DBA K&C Contracting LLC Business name(s)  EINs	☐ I have not used any business name or EINs.  Business name(s)  EINs		
5.	Where you live	9009 NE 122nd Street Liberty, MO 64068 Number, Street, City, State & ZIP Code Clay County	If Debtor 2 lives at a different address:  Number, Street, City, State & ZIP Code  County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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Case number (if known) Debtor 1 Casey E Hadley

⊃ar	t 2: Tell the Court About	our B	ankruptcy Ca	se			
7.	The chapter of the Bankruptcy Code you are				n of each, see <i>Notice Required by</i> of page 1 and check the appropria	11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy te box.	
	choosing to file under	■ Cl	hapter 7				
		□ Cl	hapter 11				
		□ Cl	hapter 12				
		□ Cl	hapter 13				
3.	How you will pay the fee	_	about how yo	u may pay. Ty attorney is sub	pically, if you are paying the fee y	ck with the clerk's office in your local court for more deta ourself, you may pay with cash, cashier's check, or mon aalf, your attorney may pay with a credit card or check w	ey
					stallments. If you choose this optints (Official Form 103A).	on, sign and attach the Application for Individuals to Pay	/
I request that my fee be waived (You may request this option only if you are filing for but is not required to, waive your fee, and may do so only if your income is less than 1 applies to your family size and you are unable to pay the fee in installments). If you ch				our income is less than 150% of the official poverty line to n installments). If you choose this option, you must fill o	hat		
			the Application	on to Have the	Chapter 7 Filing Fee Waived (Offi	cial Form 103B) and file it with your petition.	
).	Have you filed for bankruptcy within the	■ No					
	last 8 years?	☐ Ye			<b>14</b> 0		
			District		When	Case number	
			District		When When	Case number Case number	
			District		www.	Case Humber	
10.	Are any bankruptcy cases pending or being	■ No	)				
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Ye	S.				
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your residence?	■ No	Go to I	ine 12.			
		☐ Ye	es. Has yo	ur landlord ob	tained an eviction judgment again	st you?	
				No. Go to line	<del>2</del> 12.		
				Yes. Fill out <i>li</i> this bankrupto		Judgment Against You (Form 101A) and file it as part of	f

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Debtor 1 Casey E Hadley

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Case number (if known)

Part	Report About Any Bu	sinesses	You Own	n as a Sole Proprietor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.
		☐ Yes.	Name	e and location of business
A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Name	e of business, if any
	If you have more than one sole proprietorship, use a separate sheet and attach			per, Street, City, State & ZIP Code
	it to this petition.			k the appropriate box to describe your business:
				Health Care Business (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Bro			Commodity Broker (as defined in 11 U.S.C. § 101(6))	
				None of the above
Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance				der Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate ndicate that you are a small business debtor, you must attach your most recent balance sheet, statement of low statement, and federal income tax return or if any of these documents do not exist, follow the procedure (1)(B).
	For a definition of small	No.	I am r	not filing under Chapter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.	filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy .
		☐ Yes.	I am f	filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Part	4: Report if You Own or	Have Any	Hazardo	ous Property or Any Property That Needs Immediate Attention
14.	Do you own or have any	■ No.		
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	Yes.	What is	the hazard?
	public health or safety? Or do you own any property that needs immediate attention?			diate attention is , why is it needed?
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?  Number, Street, City, State & Zip Code

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Debtor 1 Casey E Hadley

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 Casey E Hadley **Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will be available for Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to **□** \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ☐ More than \$50 billion ■ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ■ More than \$50 billion ■ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Casey E Hadley Signature of Debtor 2 Casey E Hadley Signature of Debtor 1 Executed on November 14, 2018 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Casey E Hadley

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Erlene W. Krigel Signature of Attorney for Debtor	Date	November 14, 2018 MM / DD / YYYY
Erlene W. Krigel 29416 Printed name		
Krigel & Krigel, PC Firm name		
4520 Main Street, Suite 700 Kansas City, MO 64111		
Number, Street, City, State & ZIP Code		
Contact phone <b>816-756-5800</b>	Email address	
29416 MO		
Bar number & State		

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B2030 (Form 2030) (12/15)

#### United States Bankruptcy Court Western District of Missouri

In re	In re Casey E Hadley	Case No.
	•	ebtor(s) Chapter <b>7</b>
	DISCLOSURE OF COMPENSATION	N OF ATTORNEY FOR DEBTOR(S)
(		ion in bankruptcy, or agreed to be paid to me, for services rendered or to
	For legal services, I have agreed to accept	\$\$
	Prior to the filing of this statement I have received	
	Balance Due	
2. 5	\$335.00 of the filing fee has been paid.	
3.	The source of the compensation paid to me was:	
	☐ Debtor ☐ Other (specify): Paid by parents J	ack and Kim McClain
4.	The source of compensation to be paid to me is:	
	■ Debtor □ Other (specify):	
5.	■ I have not agreed to share the above-disclosed compensation with	any other person unless they are members and associates of my law fir
	☐ I have agreed to share the above-disclosed compensation with a property of the agreement, together with a list of the names of the period of the property of the agreement.	erson or persons who are not members or associates of my law firm. A ople sharing in the compensation is attached.
6.	In return for the above-disclosed fee, I have agreed to render legal se	vice for all aspects of the bankruptcy case, including:
ŀ	<ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to b. Preparation and filing of any petition, schedules, statement of affaction. Representation of the debtor at the meeting of creditors and confidence. [Other provisions as needed]  Negotiations with secured creditors to reduce to material reaffirmation agreements and applications as needed 522(f)(2)(A) for avoidance of liens on household gothern.</li> </ul>	irs and plan which may be required; mation hearing, and any adjourned hearings thereof;  arket value; exemption planning; preparation and filing of led; preparation and filing of motions pursuant to 11 USC
7. ]	By agreement with the debtor(s), the above-disclosed fee does not inc Representation of the debtors in any dischargeabi	
	CERTIFI	CATION
	I certify that the foregoing is a complete statement of any agreement his bankruptcy proceeding.	or arrangement for payment to me for representation of the debtor(s) in
N		/ Erlene W. Krigel
D	S	rlene W. Krigel 29416 gnature of Attorney rigel & Krigel, PC

4520 Main Street, Suite 700 Kansas City, MO 64111

Name of law firm

816-756-5800 Fax: 816-756-1999

Action Sales & Rental 3953 E. Kearney Springfield MO 65803

AFLAC 1932 Wynnton Rd. Columbus GA 31993

Alliance Radiology PO Box 809012 Kansas City MO 64180

American Express PO Box 297871 Fort Lauderdale FL 33329

American Express National Bank c/o Hayden L. Lovelace Hood & Stacy PC PO Box 271 Bentonville AR 72712-0271

American Fire Sprinkler Corp PO Box 958 Mission KS 66201

ARC Management 1825 Barrett Lakes Blvd., Ste 505 Kennesaw GA 30144

AT&T PO Box 5001 Carol Stream IL 60197

BCBS of Kansas City PO Box 801714 Kansas City MO 64180

Budget Truck Rental 6850 E. Front Street Kansas City MO 64120

Cameron Regional Medical Center PO Box 360 Findlay OH 45839

CBE 1776 S. Jackson St., Ste. 900 Denver CO 80210

Central States Recovery, Inc. PO Box 3130 Hutchison KS 67504-3130

Chase PO Box 15298 Wilmington DE 19850

Cintas Corporation #430 PO Box 88005 Chicago IL 60680

City of KCMO Fire/Med Bureau 635 Woodland Ave, Suite 2100 Kansas City MO 64106

City of Liberty - Water Department PO Box 159 Liberty MO 64069

Clay County Collector Lydia McEvoy #1 Courthouse Sq Liberty MO 64068-2368

Clay Emergency Group LLC 2525 Glenn Hendren Dr Liberty MO 64068

Command Transportation, LLC 2633 Paysphere Circle Chicago IL 60674

Community America Credit Union 9777 Ridge Drive Lenexa KS 66219

Coventry Health and Life Ins PO Box 2778
Bismarck ND 58502

Credit World Services 6000 Martway Shawnee Mission KS 66202

CRH Transportation 100 Marion St. Saint Louis MO 63104

Culligan of KC 19625 W. Old 56 Highway Olathe KS 66061

De Lage Landen Financial Services PO Box 41602 Philadelphia PA 19101

Division of Employment Security Box 59 Jefferson City MO 65104

Executive Financial 310 Armour Road, Suite 220 N. Kansas City MO 64116

Ferrellgas/Missouri PO Box 173940 Denver CO 80217-3940

Freightquote.com 1495 Paysphere Circle Chicago IL 60674

Gammon Equipment Co., Inc. 2918 E. Blaine Springfield MO 65803

Gary Steinman Suite 100 Woodlands II Bldg 2900 Brooktree Lane Kansas City MO 64119-1862

Harris & Harris 111 W Jackson Boulevard Suite 400 Chicago IL 60604-4134 Healthcare Financial Assoc. PO Box 803302 Kansas City MO 64180-3302

Heartland Tires & Treads of KC 100 W. 18th Ave. Kansas City MO 64116

Inland Truck Parts & Service 8801 NE Parvin Rd Kansas City MO 64161

Isaac Dotson 18025 Highway C Trimble MO 64492

Jack and Kim McClain 2989 Audubon Lane Plattsburg MO 64477

Kansas City Power & Light PO Box 418679 Kansas City MO 64141-9679

Kansas City Terminal Railway Company 4501 Kansas Avenue Kansas City KS 66106

Kansas Counselors, Inc. PO Box 14765 Shawnee Mission KS 66285-4765

Kansas Turnpike Authority PO Box 517 Wichita KS 67201

KCB Bank 110 S. Stewart Road Liberty MO 64068

KCI PO Box 14765 Shawnee Mission KS 66285 Klassic Grafix 1108 SW US 40 HWY Blue Springs MO 64015

Kozney & McCubbin, LC 12400 Olive Blvd 5th Fl St Louis MO 63141

LabCorp 9009 NE 122nd St Liberty MO 64068

Liberty Hospital 2525 Glen Hendren Drive Liberty MO 64060

McCarthy Burgess & Wolff 26000 Cannon Road Cleveland OH 44146

Meritas Health Pediatrics 310 Armour Rd., Ste 220 Kansas City MO 64116

Midwest Sweepers & Scrubbers PO Box 655
Mission KS 66201

Missouri Department of Revenue Taxation Division PO Box 3375 Jefferson City MO 65105

Missouri Gas Energy c/o Aargon Collection Agency 8668 Spring Mountain Road Las Vegas NV 89117

Mountainstar Primary Care LLC 3 Maryland Farms, Ste 250 Brentwood TN 37027

Navient PO Box 9500 Wilkes Barre PA 18773 North Kansas City Hospital 2800 Clay Edwards Drive North Kansas Cit MO 64116

Northwest Financial Services 620 Francis St. Saint Joseph MO 64501

Ogden Regional Medical Center c/o NPAS, Inc. PO Box 99008 Bedford TX 76095

One Source Staffing and Labor PO Box 27207 Overland Park KS 66225

Pain Management Assoc. PO Box 802234 Kansas City MO 64180-2234

Professional Account Management PO Box 849 Saint Joseph MO 64502

Professional Anesthetic Care PO Box 804408 Kansas City MO 64180

Purchase Power PO Box 371874 Pittsburgh PA 15250

Quest Diagnostics PO Box 7306 Hollister MO 65673

R&R Midwest Services LLC PO Box 778 Harrisonville MO 64701

Radiology Specialist of St. Jo PO Box 898 Myrtle Beach SC 29578 Republic Services #394 PO Box 9001099 Louisville KY 40290

RSH & Associates LLC PO Box 14515 Lenexa KS 66285

Ryan Knipp Patton Knipp Dean LLC 6651 N. Oak Trafficway Suite 17 Kansas City MO 64118

Ryder Truck Rental 3320 Manchester Avenue Kansas City MO 64129

Sims Global Solutions LLC PO Box 955 Lake Dallas TX 75065

SP Plus Corporation c/o Linebarger Goggan Blair & Sampson, L 900 Arion Parkway, Suite 104 San Antonio TX 78216

Sprint PO Box 6419 Carol Stream IL 60197-6419

Stearns Bank PO Box 8068 Virginia Beach VA 23450

The Liberty Clinic PO Box 219392 Kansas City MO 64121

The Receivable Management Services, LLC PO Box 361348 Columbus OH 43236

Tomken Transporation DBA TBS Logistics 6700 Wilson Kansas City MO 64125

Total Quality Logistics PO Box 634558 Cincinnati OH 45263

Town & Country Disposal PO Box 10 Harrisonville MO 64701

Truman Medical Center 2301 Holmes Kansas City MO 64108

Truman Medical Center PO Box 23860 Belleville IL 62223

Truman Medical Center East 7900 Lee's Summit Road Independance MO 64139

Universal Technologies, LLC 1009 NE Jib Court, Ste. C Lees Summit MO 64064

University Health Physicians 2310 Holmes, Ste. 800 Kansas City MO 64108

US HealthWorks Medical Group of K.C. PO Box 742556 Atlanta GA 30374

USA Funds/Navient PO Box 6180 Indianapolis IN 46206

Valley Hope Alcohol & Drug 1415 West Ashley Road Boonville MO 65233 Vedros Advertising 9718 Woodland Ln Kansas City MO 64131

Williams Dirks Dameron 1100 Main St., Ste. 2600 Kansas City MO 64105 Case 18-42946-can7 Doc 1 Filed 11/14/18 Entered 11/14/18 15:36:02 Desc Main Document Page 18 of 83

# United States Bankruptcy Court Western District of Missouri

In re	Casey E Hadley		Case No.					
		Debtor(s)	Chapter 7					
	<b>VERIFICATION OF MAILING MATRIX</b>							
	The above-named Debtor	(s) hereby verifies that the a	ttached list of cred	litors is				
	true and correct to the best of my knowledge and includes the name and address of my							
	ex-spouse (if any).							
Date:	November 14, 2018	/s/ Casey E Hadley						
		Casey E Hadley						
		Signature of Debtor						

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		Docume	ent Page 19 of 8	33				
Fill in this inform	Fill in this information to identify your case:							
Debtor 1	Casey E Hadley							
	First Name	Middle Name	Last Name	_				
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bar	nkruptcy Court for the:	WESTERN DISTRICT O	OF MISSOURI					
Case number					☐ Check if this is an amended filing			

#### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	575,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	11,070.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	586,070.00
Pai	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	440,000.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	7,905.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	536,115.39
	Your total liabilities	\$	984,020.39
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,200.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,185.00
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sc	hedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for	a personal	, family, or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

the court with your other schedules.

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Page 20 of 83 Case number (if known) Debtor 1 Casey E Hadley

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

1,200.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	7,905.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	40,935.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	48,840.00

	Case 18	3-42946-C	an/ Doc 1	_		d 11/14/18	4/18 15:	36:02	De	sc Main
Fill in th	is information	on to identify	your case and th			mem Paue / Lui o.5				
Debtor 1		Casey E Had	<u> </u>		Ŭ					
JODIOI 1		First Name	Middle	Name		Last Name				
Debtor 2 Spouse, if	_	First Name	Middle	Nome		Last Name				
•	0,									
Jnited S	tates Bankru	ptcy Court for	the: WESTERN	DISTR	RIC	T OF MISSOURI				
Case nui	mber									Check if this is an
					—					amended filing
Officia	al Form	106A/B	<b>}</b>							
Sche	edule	A/B: Pr	operty							12/15
				an asset	et o	nly once. If an asset fits in more than one	category, lis	et the asset in	the	
ink it fits	s best. Be as	complete and a	accurate as possible	e. If two	o m	arried people are filing together, both are	equally resp	onsible for s	upply	ing correct
	on. If more sparent		attach a separate sh	neet to th	this	s form. On the top of any additional pages	, write your r	name and cas	e nur	nber (if known).
Part 1:	Describe Each	n Residence, Bu	uilding, Land, or Otl	ner Real	al Es	state You Own or Have an Interest In				
Do you	own or have	any legal or eq	uitable interest in a	ny resid	der	ice, building, land, or similar property?				
П	Go to Part 2.									
_										
Yes.	Where is the	property?								
				1401 - 4		4				
.1 <b>90</b> (	09 NE 122n	nd Street		wnat		the property? Check all that apply				
		ilable, or other des	cription	_	_	Single-family home  Duplex or multi-unit building				or exemptions. Put ims on Schedule D:
					_ (	Condominium or cooperative	Creditors V	Vho Have Cla	ms S	ecured by Property.
					] `	o cooperative				
					] [	Manufactured or mobile home	Current va	lue of the	Cı	urrent value of the
	erty	МО	64068-0000		=	_and	entire prop	•	ро	ortion you own?
City		State	ZIP Code		_	nvestment property Fimeshare	<b>"</b>	75,000.00		\$575,000.00
					_	Other				ownership interest by the entireties, or
				Who	o ha	is an interest in the property? Check one		e), if known.	iancy	by the chineties, or
					] [	Debtor 1 only	Tenancy	by Entire	ties	
Cla	ay				] [	Debtor 2 only				
Cour	nty				] [	Debtor 1 and Debtor 2 only	- Check	c if this is cor	nmun	ity property
					/	At least one of the debtors and another		structions)		nty property
						nformation you wish to add about this iter	m, such as lo	cal		
				prope	pert	y identification number:				
) <b>/</b> 44	the deller w	alua of the no	rtion vou own fo	r all of	٠,,,	ur entries from Bart 1 including any	antrias for			
			Prition you own to Part 1 Write that			our entries from Part 1, including any	enuies ior			\$575,000.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

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Case Readley

Case F Hadley

Case Number (if known)

Reduction in value as a result.  (eee instructions)  (purple scale	3. <b>C</b> a	ars, vans,	trucks, tract	tors, sport utility ve	hicles, motorcycles			
Make: Ford   Who has an interest in the property? Chark one   Do not dealed secured claims or examplicans. Put the amount of any excured claims or examplicans. Put the amount of any excured property?   Debtor 2 only   Debtor 3 and D		No						
Model: F150 Raptor Crew Cab  Year: 2012		Yes						
Mode: F150 Raptor Crew Cab Year 2012	2 1	Make:	Ford		Who has an interest in the property? Check one	Do not deduct se	cured cla	aims or exemptions. Put
Vest: 2012	5.1			otor Crew Cab	_			
Approximate mileage: 90000   Debtor 1 and Debtor 2 only   entire property?   portion you own?					•			
Order Information:    All least one of the debtors and another				90000				
Airbags deployed twice.  Reduction in value as a result.  4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  To Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here		Other inf	formation:	- <u></u> -				
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories    No		Airbag	s deployed	twice.		\$10,00	0.00	\$10,000.00
6. Household goods and furnishings  Examples: Major appliances, furniture, linens, china, kitchenware  No  Yes. Describe  Household furnishings: couch, dishes, bed, dresser, washer, dryer, refrigerator  7. Electronics  Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games  No  Yes. Describe  177, printer  \$400.00  8. Collectibles of value  Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles  No Yes. Describe  Equipment for sports and hobbies  Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments  No Yes. Describe	5 A .p.	Yes  dd the dd ages you  3: Descri	have attache	ed for Part 2. Write	that number hereems			Current value of the
Household furnishings: couch, dishes, bed, dresser, washer, dryer, refrigerator  7. Electronics  Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games  No Yes. Describe  7. Printer  \$400.00  8. Collectibles of value  Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles  No Yes. Describe  9. Equipment for sports and hobbies  Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments  No Yes. Describe	E	xamples: No	Major applian		, china, kitchenware			
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games  No Yes. Describe  TV, printer  \$400.00  8. Collectibles of value  Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles  No Yes. Describe  9. Equipment for sports and hobbies  Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments  No Yes. Describe						ner,	-	\$500.00
8. Collectibles of value  Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles  No Yes. Describe  9. Equipment for sports and hobbies  Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments  No Yes. Describe	E	xamples:	Televisions a including cell			rs, scanners; music	collectic	ns; electronic devices
<ul> <li>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles</li> <li>No</li> <li>Yes. Describe</li> <li>9. Equipment for sports and hobbies</li> <li>Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments</li> <li>No</li> <li>Yes. Describe</li> </ul>				TV, printer			_	\$400.00
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments  No  Yes. Describe	<b>E</b> □	xamples: No Yes. De	Antiques and other collections	ons, memorabilia, co	•	objects; stamp, coir	n, or bas	seball card collections;
Golf clubs \$25, bicycle \$25, Fishing pole & tackle \$20 \$70.00		xamples:	Sports, photo musical instru	graphic, exercise, an	nd other hobby equipment; bicycles, pool tables, golf	f clubs, skis; canoes	and ka	yaks; carpentry tools;
				Golf clubs \$25.	bicycle \$25, Fishing pole & tackle \$20			\$70.00

page 2

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Case E Hadley Case number (if known)

Casey E Ha	luiey		
10. Firearms	as shotgung ammunition and related aguinment		
■ No	es, shotguns, ammunition, and related equipment		
☐ Yes. Describe			
11. Clothes	clothes, furs, leather coats, designer wear, shoes,	accessories	
□ No	ionies, iurs, leanier coats, designer wear, snoes,	accessories	
Yes. Describe			
	clothing		\$100.00
12. Jewelry	outain, acatuma ioutain, angagamant ringa utaid		ome gold eilver
■ No	ewelry, costume jewelry, engagement rings, wedd	ing rings, nemoom jeweny, watches, gi	erns, gold, sliver
☐ Yes. Describe			
13. <b>Non-farm animals</b> <i>Examples:</i> Dogs, cats.	hirds horses		
■ No	, 51143, 1101303		
☐ Yes. Describe			
44 Any other personal a	nd haveahald itama vari did nat already list in		liat
■ No	nd household items you did not already list, in	cluding any health aids you did not	list
☐ Yes. Give specific in	nformation		
15 Add the dollar value	of all of your entries from Part 3, including an	v entries for nages you have attache	ad
	t number here		\$1,070.00
Part 4: Describe Your Final	ncial Assets		
Do you own or have any	legal or equitable interest in any of the followi	ng?	Current value of the
			portion you own?  Do not deduct secured
			claims or exemptions.
16. <b>Cash</b>			
	have in your wallet, in your home, in a safe depos	sit box, and on hand when you file you	r petition
■ No			
☐ Yes			
17. Deposits of money			
	savings, or other financial accounts; certificates of		erage houses, and other similar
■ No	s. If you have multiple accounts with the same insti	tution, list each.	
☐ Yes	Institution na	ame:	
	, or publicly traded stocks s, investment accounts with brokerage firms, mone	ov market accounts	
■ No	s, investment accounts with brokerage innis, more	ry market accounts	
☐ Yes	Institution or issuer name:		
19. Non-publicly traded s	stock and interests in incorporated and uninco	rporated businesses, including an ii	nterest in an LLC, partnership, and
□ No			
Yes. Give specific in	nformation about them		
	Name of entity:	% of ownership:	
	K&C Contracting LLC		
	Hauling company		_
	No assets	100	% \$0.00

Official Form 106A/B Schedule A/B: Property

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Debtor 1 Casey E Hadley

20	Negotiable instrume Non-negotiable instrume	ents include personal checks, c	gotiable and non-negotiable instruments cashiers' checks, promissory notes, and money orders. transfer to someone by signing or delivering them.	
21	Retirement or pens Examples: Interests No Yes. List each acc	in IRA, ERISA, Keogh, 401(k) ount separately.	, 403(b), thrift savings accounts, or other pension or profit-sharing	plans
		Type of account:	Institution name:	
22		used deposits you have made	so that you may continue service or use from a company nt, public utilities (electric, gas, water), telecommunications compar	nies, or others
	☐ Yes		Institution name or individual:	
23	Annuities (A contract	ct for a periodic payment of mo	oney to you, either for life or for a number of years)	
	☐ Yes	Issuer name and description.		
24		ation IRA, in an account in a 1), 529A(b), and 529(b)(1).	qualified ABLE program, or under a qualified state tuition pro	ogram.
	■ Yes	Institution name and descript	tion. Separately file the records of any interests.11 U.S.C. § 521(c):	
		daughter.	an for minor daughter ing spouse are co-owners as custodians for minor t but all belongs to daughter.	\$0.00
25	No	r future interests in property	(other than anything listed in line 1), and rights or powers exe	ercisable for your benefit
26	Examples: Internet of No	domain names, websites, proc	and other intellectual property eeds from royalties and licensing agreements	
	☐ Yes. Give specific	information about them		
27	Examples: Building  No	es, and other general intangil permits, exclusive licenses, co information about them	bles poperative association holdings, liquor licenses, professional licens	es
M	oney or property owe	ed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28	. Tax refunds owed t	o vou		
20	■ No		ding whether you already filed the returns and the tax years	
29	Family support  Examples: Past due  ■ No  □ Yes Give specific		ll support, child support, maintenance, divorce settlement, property	settlement

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Case number (if known)

30.	Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability benefits; unpaid loans you made to someone else	efits, sick pay, vacation pay, workers' compe	nsation, Social Security
	<ul><li>No</li><li>☐ Yes. Give specific information</li></ul>		
	Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (Health Source)  No	HSA); credit, homeowner's, or renter's insurar	nce
	<ul> <li>No</li> <li>Yes. Name the insurance company of each policy and list its value.</li> <li>Company name:</li> </ul>	Beneficiary:	Surrender or refund value:
	Any interest in property that is due you from someone who has die If you are the beneficiary of a living trust, expect proceeds from a life ins someone has died.  ■ No □ Yes. Give specific information		eive property because
	Claims against third parties, whether or not you have filed a lawsuir  Examples: Accidents, employment disputes, insurance claims, or rights  No		
	☐ Yes. Describe each claim  Other contingent and unliquidated claims of every nature, including  Other contingent and unliquidated claims of every nature.  Other contingent and unliquidated claims of every	a counterclaims of the debtor and rights to	set off claims
	■ No □ Yes. Describe each claim	, coamo ciamo or mo acesto, ana n <b>g</b> mo c	, cot on siamic
	Any financial assets you did not already list  ■ No		
	☐ Yes. Give specific information		
36	Add the dollar value of all of your entries from Part 4, including ar for Part 4. Write that number here		\$0.00
Pa	t 5: Describe Any Business-Related Property You Own or Have an Interest I	n. List any real estate in Part 1.	
_	Do you own or have any legal or equitable interest in any business-related pr	operty?	
_	No. Go to Part 6.  Yes. Go to line 38.		
_	Tres. Gu to line so.		
Pa	t 6: Describe Any Farm- and Commercial Fishing-Related Property You Own If you own or have an interest in farmland, list it in Part 1.	or Have an Interest In.	
46.	Do you own or have any legal or equitable interest in any farm- or c  No. Go to Part 7.	ommercial fishing-related property?	
	Yes. Go to line 47.		
Pa	t 7: Describe All Property You Own or Have an Interest in That You Did	Not List Above	
53.	Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership		
	■ No □ Yes. Give specific information		
54	Add the dollar value of all of your entries from Part 7. Write that no	ımher here	\$0.00

Official Form 106A/B Schedule A/B: Property page 5

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Case number (if known) Debtor 1 Casey E Hadley List the Totals of Each Part of this Form Part 8: Part 1: Total real estate, line 2 55. \$575,000.00 Part 2: Total vehicles, line 5 56. \$10,000.00 Part 3: Total personal and household items, line 15 \$1,070.00 57. 58. Part 4: Total financial assets, line 36 \$0.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total 62. \$11,070.00 \$11,070.00

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$586,070.00

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		17(7(.1)111(.	.111 1 7000. 7 7 01 00	
Fill in this infor	mation to identify your	case:		
Debtor 1	Casey E Hadley			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT (	OF MISSOURI	
Case number				
(if known)				☐ Check if this amended fil

#### Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify	the Pro	perty You	u Claim a	s Exempt
---------	----------	---------	-----------	-----------	----------

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.							
	■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)							
	☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)							

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

	ef description of the property and line on nedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption		
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.			
	09 NE 122nd Street Liberty, MO 068 Clay County	\$575,000.00		\$15,000.00	RSMo § 513.475		
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit			
	12 Ford F150 Raptor Crew Cab 000 miles	\$10,000.00		\$3,000.00	RSMo § 513.430.1(5)		
Sto dej as	olen, recovered, wrecked. Airbags ployed twice. Reduction in value a result. e from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit			
	12 Ford F150 Raptor Crew Cab	\$10,000.00		\$2,300.00	RSMo § 513.440		
Sto dej as	olen, recovered, wrecked. Airbags ployed twice. Reduction in value a result. e from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit			
	12 Ford F150 Raptor Crew Cab 000 miles	\$10,000.00		\$600.00	RSMo § 513.430.1(3)		
Sto dej as	olen, recovered, wrecked. Airbags ployed twice. Reduction in value a result.  e from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit			

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Case V E Hadley

Debtor 1 Case V E Hadley

					•
Brief description of the prope Schedule A/B that lists this pr		Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
			Che	ck only one box for each exemption.	
Household furnishings	•	\$500.00		\$500.00	RSMo § 513.430.1(1)
refrigerator	dishes, bed, dresser, washer, dryer, refrigerator Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
TV, printer Line from Schedule A/B: 7.	1	\$400.00		\$400.00	RSMo § 513.430.1(1)
Line Horri Schedule A/B. 7.	Line from Schedule A/B. 7.1			100% of fair market value, up to any applicable statutory limit	
	Golf clubs \$25, bicycle \$25, Fishing pole & tackle \$20 Line from Schedule A/B: 9.1			\$70.00	RSMo § 513.430.1(1)
-				100% of fair market value, up to any applicable statutory limit	
clothing Line from Schedule A/B: 11	1	\$100.00		\$100.00	RSMo § 513.430.1(1)
Line Holli Schedule A/D. 11	.,			100% of fair market value, up to any applicable statutory limit	
3. Are you claiming a homes (Subject to adjustment on 4/				ed on or after the date of adjustme	nt.)
■ No					
☐ Yes. Did you acquire th	ne property cover	ed by the exemption wi	ithin 1	,215 days before you filed this case	?
□ No					
☐ Yes					

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		Document	Page 29	9 of 83		
Fill in this inform	ation to identify you	ır case:				
Debtor 1	Casey E Hadley					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ban	kruptcy Court for the:	WESTERN DISTRICT OF MIS	SOURI			
Case number						
(if known)					☐ Check	if this is an
					ameno	led filing
Official Form	1060					
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0	.l.l D		
Schedule I	D: Creditors	Who Have Claims	Secure	a by Property	<u>y                                    </u>	12/15
		If two married people are filing togeth out, number the entries, and attach it				
1. Do any creditors h	have claims secured by	y your property?				
☐ No. Check	this box and submit the	his form to the court with your other	r schedules. Y	ou have nothing else to	report on this form.	
Yes. Fill in	all of the information	below.				
Part 1: List All	Secured Claims					
		more than one secured claim, list the cre	editor senarately	Column A	Column B	Column C
for each claim. If mo	ore than one creditor has	a particular claim, list the other creditor	rs in Part 2. As	Amount of claim	Value of collateral	Unsecured
much as possible, lis	st the claims in alphabeti	cal order according to the creditor's nam	ne.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Stearns Ba	ank	Describe the property that secures	the claim:	\$440,000.00	\$575,000.00	\$0.00
Creditor's Name		9009 NE 122nd Street Liber 64068 Clay County	ty, MO			
DO Day 90	200	As of the date you file, the claim is:	Check all that			
PO Box 80 Virginia Be	oo each, VA 23450	apply.  Contingent				
	City, State & Zip Code	Unliquidated				
, ,	,	☐ Disputed				
Who owes the deb	ot? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as	mortgage or se	cured		
Debtor 2 only		car loan)				
Debtor 1 and Deb	otor 2 only	Statutory lien (such as tax lien, me	chanic's lien)			
	e debtors and another	☐ Judgment lien from a lawsuit				
Check if this cla		Other (including a right to offset)	Deed of Tr	rust Ioan		
Date debt was incu	rred 2016	Last 4 digits of account num	1ber 6795			
Add the dellar val	lue of your entries in C	olumn A on this page. Write that num	nhor horo:	\$440,00	00.00	
	•	the dollar value totals from all pages				
Write that number				\$440,00	0.00	
Part 2: List Other	ers to Be Notified fo	r a Debt That You Already Listed	i			
•		e notified about your bankruptcy for		ı already listed in Part 1	For example, if a collect	tion agency is
trying to collect from	m you for a debt you o	we to someone else, list the creditor you listed in Part 1, list the additiona	in Part 1, and t	then list the collection ag	ency here. Similarly, if	you have more
	car or outside th	F9				
	er, Street, City, State & A. McCubbin, LC	Zip Code	On whi	ich line in Part 1 did you er	nter the creditor?2.1_	
	ve Blvd 5th Fl MO 63141		Last 4	digits of account number _	_	

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Fill in this infor	mation to identify your c	ase:					
Debtor 1	Casey E Hadley						
	First Name	Middle Name	Last Name				
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name				
United States B	ankruptcy Court for the:	WESTERN DISTRICT OF MIS	SSOURI				
Case number							
(if known)						Check if amende	this is an
							- ······g
Official For			l Olatara				40/45
		ho Have Unsecured Part 1 for creditors with PRIORI					12/15
Schedule D: Cred eft. Attach the Co	itors Who Have Claims Secu	red Leases (Official Form 106G). red by Property. If more space is e. If you have no information to re	needed, copy the Par	t you need, fill it out,	number the	entries in	the boxes on the
Part 1: List A	All of Your PRIORITY Uns	secured Claims					
1. Do any credi	tors have priority unsecured	claims against you?					
☐ No. Go to	Part 2.						
Yes.							
identify what t possible, list t	ype of claim it is. If a claim has he claims in alphabetical order	If a creditor has more than one prisonth priority and nonpriority amount according to the creditor's name. I ticular claim, list the other creditors	nts, list that claim here a f you have more than tv	and show both priority a	ind nonpriori	ty amounts	. As much as
	•	ee the instructions for this form in th					
(, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	Total claim	Priority amount		Nonpriority amount
	ounty Collector	Last 4 digits of accor	unt number	\$7,391.51		\$0.00	\$7,391.51
Lydia i	reditor's Name <b>McEvoy</b>	When was the debt in	ncurred?		_		
	Irthouse Sq						
	<b>I, MO 64068-2368</b> Street City State Zlp Code	As of the date you fil	e, the claim is: Check	all that apply			
Who incurre	ed the debt? Check one.	☐ Contingent					
Debtor 1	only	☐ Unliquidated					
Debtor 2	only	■ Disputed					
Debtor 1	and Debtor 2 only	Type of PRIORITY un	secured claim:				
At least of	one of the debtors and another	□ Domestic support o	obligations				
☐ Check if	this claim is for a communi	ity debt Taxes and certain	other debts you owe the	e government			
Is the claim	subject to offset?		r personal injury while ye				
■ No		☐ Other. Specify					
☐ Yes		2	017-2018 busines	s property tax			

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Debtor 1 Casey E Hadley	Case number (if k	nown)		
2.2 <b>Division of Employment Security</b> Priority Creditor's Name	Last 4 digits of account number	\$513.49	\$513.49	\$0.00
Box 59 Jefferson City, MO 65104	When was the debt incurred?			
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	,		
Who incurred the debt? Check one.	☐ Contingent			
Debtor 1 only	☐ Unliquidated			
Debtor 2 only	Disputed			
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
$\square$ At least one of the debtors and another	☐ Domestic support obligations			
$\square$ Check if this claim is for a community debt	■ Taxes and certain other debts you owe the governmen	nt		
Is the claim subject to offset?	☐ Claims for death or personal injury while you were into:			
No	☐ Other. Specify			
Yes	Unemployment tax			
2.3 Missouri Department of Revenue	Last 4 digits of account number Ui	nknown	\$0.00	\$0.00
Priority Creditor's Name  Taxation Division  PO Box 3375	When was the debt incurred?		<u> </u>	
Jefferson City, MO 65105  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	,		
Who incurred the debt? Check one.	☐ Contingent			
Debtor 1 only	☐ Unliquidated			
Debtor 2 only	☐ Disputed			
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
At least one of the debtors and another	☐ Domestic support obligations			
☐ Check if this claim is for a community debt	■ Taxes and certain other debts you owe the governmen	nt		
Is the claim subject to offset?	☐ Claims for death or personal injury while you were into	xicated		
■ No	☐ Other. Specify			
☐ Yes	2017			
Part 2: List All of Your NONPRIORITY Unsecu	red Claims			
3. Do any creditors have nonpriority unsecured claim	s against you?			
$\hfill\square$ No. You have nothing to report in this part. Submit	this form to the court with your other schedules.			
■ Yes.				
unsecured claim, list the creditor separately for each c	alphabetical order of the creditor who holds each claim aim. For each claim listed, identify what type of claim it is. Do creditors in Part 3.If you have more than three nonpriority ur	o not list claims a	already included in Part	1. If more

Total claim

Part 2.

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Debtor 1 Casey E Hadley ase number (if known) 4.1 \$2,098.10 Action Sales & Rental Last 4 digits of account number Nonpriority Creditor's Name 3953 E. Kearney When was the debt incurred? Springfield, MO 65803 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Business Debt ☐ Yes 4.2 **AFLAC** Last 4 digits of account number \$218.16 Nonpriority Creditor's Name When was the debt incurred? 1932 Wynnton Rd. Columbus, GA 31993 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Business Debt** Other. Specify 4.3 Alliance Radiology Last 4 digits of account number 0815 \$1,546.66 Nonpriority Creditor's Name PO Box 809012 When was the debt incurred? Kansas City, MO 64180 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify medical bill ☐ Yes

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Debtor 1 Casey E Hadley ase number (if known) 4.4 \$5,980.17 American Express National Bank Last 4 digits of account number 3005 Nonpriority Creditor's Name c/o Hayden L. Lovelace When was the debt incurred? Hood & Stacy PC PO Box 271 Bentonville, AR 72712-0271 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit card ☐ Yes 4.5 Last 4 digits of account number American Fire Sprinkler Corp \$430.05 Nonpriority Creditor's Name PO Box 958 When was the debt incurred? Mission, KS 66201 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Business Debt** Other. Specify 4.6 AT&T Last 4 digits of account number \$165.67 Nonpriority Creditor's Name PO Box 5001 When was the debt incurred? Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Business Debt ☐ Yes

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Debtor 1 Casey E Hadley Case number (if known) 4.7 \$133.06 **BCBS** of Kansas City Last 4 digits of account number 4735 Nonpriority Creditor's Name PO Box 801714 When was the debt incurred? Kansas City, MO 64180 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify insurance premium ☐ Yes 4.8 **Budget Truck Rental** Last 4 digits of account number 3955 \$481.25 Nonpriority Creditor's Name 6850 E. Front Street When was the debt incurred? Kansas City, MO 64120 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Business Debt** Other. Specify 4.9 Cameron Regional Medical Center Last 4 digits of account number 5663 \$576.00 Nonpriority Creditor's Name PO Box 360 When was the debt incurred? Findlay, OH 45839 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify medical bill

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Debtor 1 Casey E Hadley ase number (if known) 4.1 Chase \$770.00 Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 15298 When was the debt incurred? Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify credit card ☐ Yes 4.1 Cintas Corporation #430 \$366.84 Last 4 digits of account number Nonpriority Creditor's Name PO Box 88005 When was the debt incurred? Chicago, IL 60680 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Business Debt ☐ Yes 4.1 City of KCMO Fire/Med Bureau \$970.00 Last 4 digits of account number Nonpriority Creditor's Name 635 Woodland Ave. Suite 2100 When was the debt incurred? Kansas City, MO 64106 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify medical bill

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Casey E Hadley

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Case number (if known)

Debtor	1 Casey E Hadley	Case number (if known)	
4.1	City of Liberty - Water Department	Last 4 digits of account number	\$229.67
3	Nonpriority Creditor's Name PO Box 159	When was the debt incurred?	Ψ220:01
Liberty, MO 64069		<del></del>	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other. Specify Business Debt	
4.1		0004	<b></b>
4	Clay Emergency Group LLC	Last 4 digits of account number	\$1,129.28
	Nonpriority Creditor's Name 2525 Glenn Hendren Dr Liberty, MO 64068	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	$\square$ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical	
4.1	Command Transportation, LLC	Last 4 digits of account number	\$650.00
5	Nonpriority Creditor's Name	Last 4 digits of account number	φοσ.σσ
	2633 Paysphere Circle	When was the debt incurred?	
Chicago, IL 60674  Number Street City State Zlp Code  Who incurred the debt? Check one.	Chicago, IL 60674	·	
	As of the date you file, the claim is: Check all that apply		
	Debtor 1 only		
		☐ Contingent	
	Debtor 2 only	Unliquidated	
☐ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another		Disputed	
		Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes		
	□ res	■ Other. Specify Business Debt	

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Casey E Hadley	Case number (if known)	
Community America Credit Union	Last 4 digits of account number	\$1,870.00
Nonpriority Creditor's Name 9777 Ridge Drive	When was the debt incurred?	
Lenexa, KS 66219  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the dami is. Oneon an that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	□ Unliquidated	
Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□Yes	Other. Specify auto loan balance	
Coventry Health and Life Ins	Last 4 digits of account number 3000	\$6,884.49
Nonpriority Creditor's Name	<del></del>	
PO Box 2778	When was the debt incurred?	
Bismarck, ND 58502 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	The second secon	
Debtor 1 only	☐ Contingent	
Debtor 2 only	□ Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	lacksquare Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Medical Premium for Business	
CRH Transportation	Last 4 digits of account number	\$500.00
Nonpriority Creditor's Name	When we the debt incomed?	
100 Marion St. Saint Louis, MO 63104	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify Business Debt	

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Debte	or 1 Casey E Hadley	Case number (if known)	
4.1	Culligan of KC	Last 4 digits of account number	\$365.80
9	Nonpriority Creditor's Name 19625 W. Old 56 Highway	When was the debt incurred?	,
	Olathe, KS 66061  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Check an that apply	
	Debtor 1 only	Continued.	
	Debtor 2 only	Contingent	
	☐ Debtor 1 and Debtor 2 only	Unliquidated	
	<u> </u>	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:  Student loans	
	☐ Check if this claim is for a community debt		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	Other Specify Business Debt	
		- Other. Specify	
4.2	De Lage Landen Financial Services	Last 4 divite of account number	\$3,147.97
0	Nonpriority Creditor's Name	Last 4 digits of account number	φ3,147.37
	PO Box 41602	When was the debt incurred?	
	Philadelphia, PA 19101		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Small Business Loan	
40			
4.2	Ferrellgas/Missouri	Last 4 digits of account number	\$1,754.24
	Nonpriority Creditor's Name	When we the debt incomed 2	
	PO Box 173940	When was the debt incurred?	
	Denver, CO 80217-3940  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	The or the table you may the statum of one or an area appropriate	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
		Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes		
	□ res	■ Other. Specify Business Debt	

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Casey E Hadiey	Case number (if known)	
Freightquote.com	Last 4 digits of account number	\$8,294.66
Nonpriority Creditor's Name  1495 Paysphere Circle	When was the debt incurred?	. ,
Chicago, IL 60674  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Business Debt	
Gammon Equipment Co., Inc.	Last 4 digits of account number	\$2,393.67
Nonpriority Creditor's Name 2918 E. Blaine	When was the debt incurred?	
Springfield, MO 65803 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,	
☐ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other Specify Business Debt	
Healthcare Financial Assoc.	Last 4 digits of account number 7655	\$50.00
Nonpriority Creditor's Name	Last 4 digits of account number 7655	φ30.00
PO Box 803302	When was the debt incurred?	
Kansas City, MO 64180-3302		
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes		
<b>—</b> 100	■ Other. Specify <b>Medical</b>	

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Debte	or 1 Casey E Hadley	Case number (if known)	
4.2	Heartland Tires & Treads of KC	Last 4 digits of account number	\$1,316.90
	Nonpriority Creditor's Name  100 W. 18th Ave.	When was the debt incurred?	
	Kansas City, MO 64116  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	no of the date you me, the stann to: offeet an that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	_	
	Debtor 1 and Debtor 2 only	Unliquidated	
	_	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Business Debt	
4.2	Inland Truck Parts & Service	Last 4 digits of account number	\$2,304.32
6	Nonpriority Creditor's Name	Last 4 digits of account number	Ψ2,004.02
	8801 NE Parvin Rd	When was the debt incurred?	
	Kansas City, MO 64161		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Business Debt	
4.2 7	Isaac Dotson  Nonpriority Creditor's Name	Last 4 digits of account number	\$20,000.00
	18025 Highway C	When was the debt incurred?	
	Trimble, MO 64492		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
		☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	_	
	⊔ Yes	Other. Specify <b>Loan</b>	

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Debio	Casey E Hadiey	Case number (if known)	
4.2	Jack and Kim McClain	Last 4 digits of account number	\$100,000.00
	Nonpriority Creditor's Name		
	2989 Audubon Lane	When was the debt incurred?	
	Plattsburg, MO 64477		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Loans for business	
4.2	Kansas City Power & Light	Last 4 digits of account number 9289	\$85.29
	Nonpriority Creditor's Name		
	PO Box 418679	When was the debt incurred?	
	Kansas City, MO 64141-9679  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneok an that apply	
	Debtor 1 only	Пол	
		Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	$\square$ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify <u>Utilities for business</u>	
4.3	Kansas City Terminal Railway		400.000.00
0	Company Nonpriority Creditor's Name	Last 4 digits of account number	\$30,000.00
	4501 Kansas Avenue Kansas City, KS 66106	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	<u> </u>	
		☐ Disputed  Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt		
	Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ NO	Other Specify Lease for business	
	LI TES	Other Specify LEGGE IVI DUSINESS	

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Casey E Hadley	Case number (if known)	
Kansas Turnpike Authority	Last 4 digits of account number	\$55.25
Nonpriority Creditor's Name PO Box 517	When was the debt incurred?	
Wichita, KS 67201		
Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Business Debt	
KCB Bank	Last 4 digits of account number	\$213,220.00
Nonpriority Creditor's Name		, , , , , ,
110 S. Stewart Road Liberty, MO 64068	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Business Loan	
Klassic Grafix	Last 4 digits of account number	\$3,608.79
Nonpriority Creditor's Name 1108 SW US 40 HWY	When was the debt incurred?	
Blue Springs, MO 64015		
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes		
<b>□</b> 162	■ Other. Specify Business Debt	

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Debi	Casey E Hadiey	Case number (# known)	
4.3 4	LabCorp	Last 4 digits of account number 5118	\$97.00
	Nonpriority Creditor's Name 9009 NE 122nd St	When was the debt incurred?	
	Liberty, MO 64068  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	□ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	
4.3 5	Liberty Hospital	Last 4 digits of account number 6289	\$477.02
<u> </u>	Nonpriority Creditor's Name 2525 Glen Hendren Drive Liberty, MO 64060	When was the debt incurred? Feb. 2015	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Medical	
4.3 6	Liberty Hospital	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name 2525 Glen Hendren Drive Liberty, MO 64060	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other Specify Medical Bill	

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Debtor 1 Casey E Hadley Case number (if known) 4.3 Meritas Health Pediatrics 3200 \$196.00 Last 4 digits of account number Nonpriority Creditor's Name 310 Armour Rd., Ste 220 When was the debt incurred? Kansas City, MO 64116 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify *Medical* 4.3 Meritas Health Pediatrics 0493 \$262.19 Last 4 digits of account number 8 Nonpriority Creditor's Name When was the debt incurred? 310 Armour Rd., Ste 220 Kansas City, MO 64116 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify medical ☐ Yes 4.3 Midwest Sweepers & Scrubbers \$479.23 9 Last 4 digits of account number Nonpriority Creditor's Name PO Box 655 When was the debt incurred? Mission, KS 66201 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Business Debt

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Casey E Hadley

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Case number (if known)

Debtor	Casey E Hadley	Case number (if known)	
4.4	Missouri Gas Energy	Last 4 digits of account number	\$110.00
0	Nonpriority Creditor's Name c/o Aargon Collection Agency 8668 Spring Mountain Road	When was the debt incurred?	ψ110.00
	Las Vegas, NV 89117  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify <b>utility bill</b>	
4.4	Mountainstar Primary Care LLC	Last 4 digits of account number 1438	\$262.00
	Nonpriority Creditor's Name  3 Maryland Farms, Ste 250  Brentwood. TN 37027	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify <i>Medical</i>	
4.4	Navient	Last 4 digits of account number	\$22,090.00
	Nonpriority Creditor's Name PO Box 9500 Wilkes Barre, PA 18773	When was the debt incurred?	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	☐ Other. Specify	
		student loan	

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Avorth Kansas City Hospital	Debto	r 1 Casey E Hadley	Case number (if known)	
2800 Clay Edwards Drive   North Kansas Cit, Mo 64116   Number Street City State Zip Code   Number Street City State Zip Code   Number Order of Street City State Zip Code   Number Order of Contingent   Undiquidated			Last 4 digits of account number 5594	\$188.75
Number Street City State Zip Code   Who incurred the debt? Check one.   Debtor 1 only   Unliquidated   Unliquidated   Debtor 2 only   Unliquidated   Unliquidated   Deptor 1 and Debtor 2 only   Unliquidated   Unliquidated   Deptor 1 only   Unliquidated   Unliquidated   Deptor 1 only   Unliquidated   Unliquidated   Deptor 1 only   Unliquidated   Deptor 1 only   Unliquidated		2800 Clay Edwards Drive	When was the debt incurred?	
Debtor 2 only Debtor 2 and Debtor 2 only Debtor 3 and Debtor 3 and Debtor 3 and Another Check if this claim is for a community debt Is the claim subject to offset? Nonpriority Creditor's Name Co NPAS, Inc. PO Box 99008 Bedford, TX 76085 Number Street City State 2 pCode Who incurred the debt? Check ane. Debts to pension or profits-daming plans, and other similar debts Is the claim subject to offset? No Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 5 responsive City State 2 pCode Who incurred the debt? Check ane. Debtor 1 and Debtor 2 only Debtor 2 and 2 and 2 and 2 and 2 and 3 an			As of the date you file, the claim is: Check all that apply	
Dobbor 1 and Debtor 2 only   Disputed   Di		Who incurred the debt? Check one.		
Debtor 1 and Debtor 2 only   Disputed   At least one of the debtors and another   Student toans   Student toans   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit		■ Debtor 1 only	☐ Contingent	
At least one of the debtors and another   Check if this claim is for a community debt   Student loans   Check if this claim is for a community debt   Student loans   Check if this claim is for a community debt   Check if this claim is check and another   Check if this claim is check and another		Debtor 2 only	☐ Unliquidated	
Check it his claim is for a community debt   Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Other. Specify   Medical Bills		☐ Debtor 1 and Debtor 2 only	☐ Disputed	
Check if this claim subject to offset?   Contingent   C		☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Is the claim subject to offset? report as priority claims    No		☐ Check if this claim is for a community	☐ Student loans	
Ves   Other. Specify   Medical Bills				
Addition		No	☐ Debts to pension or profit-sharing plans, and other similar debts	
A		□Yes	■ Other. Specify Medical Bills	
When was the debt incurred?	4.4		Last 4 digits of account number 6980	\$1,194.00
Bedford, TX 76095   Number Street City State Zip Code   Who incurred the debt? Check one.   Debtor 1 only   Debtor 2 only   Disputed   Debtor 2 only   Disputed   Debtor 2 only   Disputed   Debtor 1 and Debtor 2 only   Disputed   Debtor 1 and Debtor 2 only   Disputed   Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 2 only   Disputed   Type of NONPRIORITY unsecured claim:   Debtor 1 only   Disputed   Disputed   Debtor 2 only   Disputed   Disputed   Disputed   Disputed   Disputed   Debtor 2 only   Disputed   Disputed   Disputed   Disputed   Disputed   Disputed   Disputed   Disputed   Debtor 2 only   Disputed   Disp			When was the debt incurred?	
Number Street City State Zip Code Who incurred the debt? Check one.    Debtor 1 only				
Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Yes □ One Source Staffing and Labor Nonpriority Creditor's Name PO Box 27207 Overland Park, KS 66225 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject to offset? □ Debtor 1 and Debtor 2 only □ Debtor 2 only □ Debtor 3 and 1			As of the date you file, the claim is: Check all that apply	
□ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Student loans □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Other. Specify medical bill  4.4  S One Source Staffing and Labor Nonpriority Creditor's Name PO Box 27207 Overland Park, KS 66225 Number Street City State ZIp Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Obligations arising plans, and other similar debts		·	As of the date you me, the damnis. Oneon an that apply	
Debtor 2 only		<u> </u>	☐ Contingent	
Debtor 1 and Debtor 2 only				
At least one of the debtors and another   Check if this claim is for a community debt   Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Other. Specify   Medical bill		<u> </u>		
Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community claims   Check if this claim is for a community debt   Check if period is period in the claim is period in the claim is period in the claim is for a community claims   Check if this claim is for a community claims   Check if this claim is for a community claim   Check if this cl			•	
debt Is the claim subject to offset? Is the claim subject to offset? In No In Debts to pension or profit-sharing plans, and other similar debts In No In Debts to pension or profit-sharing plans, and other similar debts In No In Debts to pension or profit-sharing plans, and other similar debts In No In Debts to pension or profit-sharing plans, and other similar debts In Nonpriority Creditor's Name In One Source Staffing and Labor  Nonpriority Creditor's Name In One Source Staffing and Labor  Nonpriority Creditor's Name In One Source Staffing and Labor  Nonpriority Creditor's Name In One Source Staffing and Labor  Nonpriority Creditor's Name In One Source Staffing and Labor  Nonpriority Creditor's Name In Other. Specify In Medical bill  When was the debt incurred?  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  In Contingent In Other In In Opelor 2 only In In In In In Opelor 2 only In In In In Opelor 3 only In In In Opelor 4 only In In In Opelor 4 only In In In Opelor 4 only In In In Opelor 5 only In In In Opelor 5 only In In In In Opelor 6 only In			<u> </u>	
□ No □ Debts to pension or profit-sharing plans, and other similar debts □ Yes □ Other. Specify medical bill □ Stat 4 digits of account number □ Nonpriority Creditor's Name □ Obox 27207 ○ Overland Park, KS 66225 □ Number Street City State Zip Code □ Who incurred the debt? Check one. □ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only □ Disputed □ Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		debt		
Yes		•		
A.4   S   One Source Staffing and Labor   Last 4 digits of account number   \$156.25		■ No		
Source Starting and Labor   Last 4 digits of account number   \$756.25		☐ Yes	■ Other. Specify medical bill	
Nonpriority Creditor's Name PO Box 27207 Overland Park, KS 66225  Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  No  When was the debt incurred?  Men was the debt incurred?  Ocheck all that apply  When was the debt incurred?  Ocheck all that apply  When was the debt incurred?  Ocheck all that apply  When was the debt incurred?  Ocheck all that apply  Incurred?  Ocheck all that apply  Ocheck all that apply  Ocheck all that apply  Incurred?  Ocheck all that apply		One Source Staffing and Labor	Last 4 digits of account number	\$156.25
Number Street City State ZIp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  Contingent  Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts			When was the debt incurred?	
Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Disputed  At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 2 only Disputed  Type of NONPRIORITY unsecured claim: Student loans Debtor 3 separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts				
□ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed ■ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts			As of the date you file, the claim is: Check all that apply	
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		_		
□ Debtor 1 and Debtor 2 only □ Disputed  At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts				
At least one of the debtors and another  Check if this claim is for a community debt Is the claim subject to offset?  No  Debts to pension or profit-sharing plans, and other similar debts  Debts to pension or profit-sharing plans, and other similar debts			•	
□ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		<u> </u>	-1	
debt  Is the claim subject to offset?  No  Debts to pension or profit-sharing plans, and other similar debts			<u> </u>	
Is the claim subject to offset?  No  Debts to pension or profit-sharing plans, and other similar debts				
■ No □ Debts to pension or profit-sharing plans, and other similar debts				
		■ No	<u></u>	
			■ Other. Specify Business Debt	

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Debto	or 1 Casey E Hadley	Case number (if known)	
4.4	Pain Management Assoc.	Last 4 digits of account number 2251	\$69.87
	Nonpriority Creditor's Name PO Box 802234	When was the debt incurred?	
	Kansas City, MO 64180-2234		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify <i>Medical</i>	
4.4	Professional Anesthetic Care	Last 4 digits of account number	\$158.00
7	Nonpriority Creditor's Name	Last 4 digits of account number	Ψ100.00
	PO Box 804408	When was the debt incurred?	
	Kansas City, MO 64180		
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify medical bill	
4.4	Purchase Power	Last 4 digits of account number	\$641.03
<u></u>	Nonpriority Creditor's Name		•
	PO Box 371874	When was the debt incurred?	
	Pittsburgh, PA 15250	As of the data conflict the electricity Observed all that even	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	П	
	☐ Debtor 2 only	Contingent	
	Debtor 2 only  Debtor 1 and Debtor 2 only	☐ Unliquidated	
	<u> </u>	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	_		
	☐ Yes	■ Other. Specify Business Debt	

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Casey E Hadiey	Case number (if known)	
Quest Diagnostics	Last 4 digits of account number 8603	\$336.38
Nonpriority Creditor's Name PO Box 7306	When was the debt incurred?	
Hollister, MO 65673  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify <i>Medical</i>	
R&R Midwest Services LLC	Last 4 digits of account number	\$2,704.87
Nonpriority Creditor's Name		<del>,</del>
PO Box 778	When was the debt incurred?	
Harrisonville, MO 64701	As of the date was file the plainties OU	
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	Пол	
Debtor 2 only	☐ Contingent	
Debtor 1 and Debtor 2 only	☐ Unliquidated	
_	☐ Disputed  Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Business Debt	
D. I'. 1		040.00
Radiology Specialist of St. Jo Nonpriority Creditor's Name	Last 4 digits of account number	\$40.00
PO Box 898	When was the debt incurred?	
Myrtle Beach, SC 29578		
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify medical bill	

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Deblo	Casey E Hadiey	Case number (if known)	
4.5	Republic Services #394	Last 4 digits of account number	\$469.76
	Nonpriority Creditor's Name	<del></del>	
	PO Box 9001099	When was the debt incurred?	
	Louisville, KY 40290  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	7.6 of the date you me, the dammer of check an that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	_	
	Debtor 1 and Debtor 2 only	☐ Unliquidated	
	<u> </u>	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other Specify Business Debt	
	_ ,00	- Other. Specify	
4.5	5.1.7.15.41		040.000.00
3	Ryder Truck Rental	Last 4 digits of account number	\$19,000.00
	Nonpriority Creditor's Name  3320 Manchester Avenue	When was the debt incurred?	
	Kansas City, MO 64129		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Rental of trucks for business	
4.5	Sims Global Solutions LLC	Last 4 digits of account number	\$625.00
	Nonpriority Creditor's Name	When we the debt in correct?	
	PO Box 955 Lake Dallas, TX 75065	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	■ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
		Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other Specify Business Debt	

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Casey E Hadley

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Case number (if known)

Debtor	Casey E Hadley	Case number (if known)	
4.5	SP Plus Corporation	Last 4 digits of account number	\$45.00
	Nonpriority Creditor's Name c/o Linebarger Goggan Blair & Sampson, L	When was the debt incurred?	
	900 Arion Parkway, Suite 104		
	San Antonio, TX 78216  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify parking violation	
4.5	Sprint	Last 4 digits of account number 9741	\$8,000.00
6	Nonpriority Creditor's Name	Last 4 digits of account number	70,000.00
	PO Box 6419	When was the debt incurred?	
	Carol Stream, IL 60197-6419  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneck an that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Cell phones for business	
4.5	The Liberty Clinic	Last 4 digits of account number 2120	\$89.53
	Nonpriority Creditor's Name		
	PO Box 219392	When was the debt incurred?	
	Kansas City, MO 64121  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	$\square$ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other. Specify <i>Medical</i>	

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Debtor '	Casey E Hadley	Case number (if known)	
4.5	Tomken Transporation DBA TBS Logistics Nonpriority Creditor's Name	Last 4 digits of account number	\$1,925.00
	6700 Wilson	When was the debt incurred?	
_	Kansas City, MO 64125		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Business Debt	
4.5			
9	Total Quality Logistics Nonpriority Creditor's Name	Last 4 digits of account number	\$800.00
	PO Box 634558	When was the debt incurred?	
	Cincinnati, OH 45263		
-	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Business Debt	
4.0			
4.6 0	Town & Country Disposal	Last 4 digits of account number	\$1,550.00
	Nonpriority Creditor's Name  PO Box 10	When was the debt incurred?	
	Harrisonville, MO 64701		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Dobligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Business Debt	

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Casey E Hadley

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Case Number (if known)

Deb	or 1 Casey E Hadley	Case number (if known)	
4.6	Truman Medical Center	Last 4 digits of account number 3922	\$8,815.40
1	Nonpriority Creditor's Name	Last 4 digits of account number 3922	<b>ФО,О 13.4</b> 0
	2301 Holmes	When was the debt incurred?	
	Kansas City, MO 64108		
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other. Specify <i>Medical Bill</i>	
4.6 2	Truman Medical Center East	Last 4 digits of account number	\$251.55
	Nonpriority Creditor's Name	When was the debt incurred?	
	7900 Lee's Summit Road Independance, MO 64139		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	$\square$ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify <i>Medical Bill</i>	
4.6	Universal Technologies, LLC	Last 4 digits of account number 4841	<b>#2.40.00</b>
3	Nonpriority Creditor's Name	Last 4 digits of account number 4847	\$240.00
	1009 NE Jib Court, Ste. C	When was the debt incurred?	
	Lees Summit, MO 64064		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Business Debt	

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Debtor 1 Casey E Hadley ase number (if known) 4.6 Universal Technologies, LLC \$8,415.05 Last 4 digits of account number 4 Nonpriority Creditor's Name 1009 NE Jib Court, Ste. C When was the debt incurred? Lees Summit, MO 64064 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Business Debt ☐ Yes 4.6 University Health Physicians 4990 \$1,330.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2310 Holmes, Ste. 800 Kansas City, MO 64108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify medical bill ☐ Yes 4.6 University Health Physicians 7690 \$296.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 2310 Holmes, Ste. 800 When was the debt incurred? Kansas City, MO 64108 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify medical bill

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Jebi	Casey E Hadiey	Case number (if known)	
.6	US HealthWorks Medical Group of K.C.	Last 4 digits of account number	\$626.00
	Nonpriority Creditor's Name PO Box 742556 Atlanta, GA 30374	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Business Debt	
l.6	USA Funds/Navient  Nonpriority Creditor's Name	Last 4 digits of account number 3539	\$7,019.00
	PO Box 6180 Indianapolis, IN 46206	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
		student loan	
·.6	USA Funds/Navient Nonpriority Creditor's Name	Last 4 digits of account number 1353	\$11,826.00
	PO Box 6180 Indianapolis, IN 46206	When was the debt incurred?	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	∏ ves	Other Specify	

student loan

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Debtor	Casey E Hadley	Case number (if known)				
4.7	V. W W		<b>#</b> 00 000 00			
0	Valley Hope Alcohol & Drug	Last 4 digits of account number	\$20,000.00			
	Nonpriority Creditor's Name 1415 West Ashley Road Boonville, MO 65233	When was the debt incurred?				
	Number Street City State Zlp Code					
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify medical bill				
4.7	Vedros Advertising	Last 4 digits of account number	\$385.57			
1	Nonpriority Creditor's Name		7000101			
	9718 Woodland Ln Kansas City, MO 64131	When was the debt incurred?				
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Business Debt				
4.7 2	Williams Dirks Dameron	Last 4 digits of account number	\$3,347.65			
	Nonpriority Creditor's Name 1100 Main St., Ste. 2600 Kansas City, MO 64105	When was the debt incurred?				
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	☐ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	□ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts				
	□Yes	■ Other. Specify Business Debt				

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

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Debtor 1 Casey E Hadley		Case number (if known)
American Express PO Box 297871	Line <u><b>4.4</b></u> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
Fort Lauderdale, FL 33329	Last 4 digits of account number	
Name and Address  ARC Management  1825 Barrett Lakes Blvd., Ste 505  Kennesaw, GA 30144	On which entry in Part 1 or Part 2 did the Line 4.14 of (Check one):	you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
Keillesaw, GA 30144	Last 4 digits of account number	
Name and Address CBE 1776 S. Jackson St., Ste. 900 Denver, CO 80210	On which entry in Part 1 or Part 2 did the Line 4.29 of (Check one):	you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Central States Recovery, Inc. PO Box 3130 Hutchison, KS 67504-3130	On which entry in Part 1 or Part 2 did the Line 4.3 of (Check one):	you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims  ■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address  Credit World Services  6000 Martway  Shawnee Mission, KS 66202	On which entry in Part 1 or Part 2 did Line 4.43 of (Check one):	you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Executive Financial 310 Armour Road, Suite 220 N. Kansas City, MO 64116	On which entry in Part 1 or Part 2 did the Line 4.37 of (Check one):	you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims  ■ Part 2: Creditors with Nonpriority Unsecured Claims
N. Kansas City, MO 04110	Last 4 digits of account number	
Name and Address  Gary Steinman  Suite 100 Woodlands II Bldg 2900 Brooktree Lane  Kansas City, MO 64119-1862	On which entry in Part 1 or Part 2 did the Line 4.32 of (Check one):	you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims  ■ Part 2: Creditors with Nonpriority Unsecured Claims
ransas City, WO 04119-1002	Last 4 digits of account number	
Name and Address Harris & Harris 111 W Jackson Boulevard Suite 400	On which entry in Part 1 or Part 2 did Line 4.29 of (Check one):	you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
Chicago, IL 60604-4134	Last 4 digits of account number	
Name and Address Kansas Counselors, Inc.	On which entry in Part 1 or Part 2 did the Line 4.46 of (Check one):	you list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 14765 Shawnee Mission, KS 66285-4765	Last 4 digits of account number	Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address	On which entry in Part 1 or Part 2 did Line 4.12 of (Check one):	you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims
PO Box 14765 Shawnee Mission, KS 66285	Last 4 digits of account number	■ Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address  McCarthy Burgess & Wolff  26000 Cannon Road	On which entry in Part 1 or Part 2 did Line 4.8 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
Cleveland, OH 44146	Last 4 digits of account number	■ Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address  Northwest Financial Services	On which entry in Part 1 or Part 2 did Line 4.51 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
620 Francis St.		Part 2: Creditors with Nonpriority Unsecured Claims

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Debtor 1 Casey E Hadley		Case number (if known)			
Saint Joseph, MO 64501	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?			
Professional Account Management	Line <u><b>4.51</b></u> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims			
PO Box 849 Saint Joseph, MO 64502		■ Part 2: Creditors with Nonpriority Unsecured Claims			
Samt 303epn, mo 04302	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2	,			
RSH & Associates LLC	Line <b>4.47</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims			
PO Box 14515 Lenexa, KS 66285		Part 2: Creditors with Nonpriority Unsecured Claims			
Londay, NO 00200	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?				
Ryan Knipp	Line 4.4 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims			
Patton Knipp Dean LLC 6651 N. Oak Trafficway		■ Part 2: Creditors with Nonpriority Unsecured Claims			
Suite 17					
Kansas City, MO 64118	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2				
The Receivable Management	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims			
Services, LLC PO Box 361348		■ Part 2: Creditors with Nonpriority Unsecured Claims			
Columbus, OH 43236	Last 4 digits of account number				
	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2				
Truman Medical Center PO Box 23860	Line <u>4.62</u> of (Check one):	Part 1: Creditors with Priority Unsecured Claims			
Belleville, IL 62223		■ Part 2: Creditors with Nonpriority Unsecured Claims			
•	Last 4 digits of account number				

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
6a.	Domestic support obligations	6a.	\$	0.00
6b.	Taxes and certain other debts you owe the government	6b.	\$	7,905.00
6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	7,905.00
				Total Claim
6f.	Student loans	6f.	\$	40,935.00
_				
6g.		6g.	\$	0.00
6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	495,180.39
6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	536,115.39
	6b. 6c. 6d. 6e. 6f. 6g. 6h.	<ul> <li>6b. Taxes and certain other debts you owe the government</li> <li>6c. Claims for death or personal injury while you were intoxicated</li> <li>6d. Other. Add all other priority unsecured claims. Write that amount here.</li> <li>6e. Total Priority. Add lines 6a through 6d.</li> <li>6f. Student loans</li> <li>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>6h. Debts to pension or profit-sharing plans, and other similar debts</li> <li>6i. Other. Add all other nonpriority unsecured claims. Write that amount here.</li> </ul>	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6e. 6f. Student loans 6f. 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6d.	6a. Domestic support obligations  6a. \$  6b. Taxes and certain other debts you owe the government  6c. Claims for death or personal injury while you were intoxicated  6c. \$  6d. Other. Add all other priority unsecured claims. Write that amount here.  6d. \$  6e. Total Priority. Add lines 6a through 6d.  6f. Student loans  6f. \$  6g. \$  6h. Debts to pension or profit-sharing plans, and other similar debts  6i. Other. Add all other nonpriority unsecured claims. Write that amount here.  6i. \$  6a. \$  6b. \$  6c. \$  6c. \$  6c. \$  6d.

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		1200000		
Fill in this infor	rmation to identify your	case:		
Debtor 1	Casey E Hadley			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	WESTERN DISTRICT (	OF MISSOURI	
Case number				
(if known)				

#### Official Form 106G

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	_
	•				

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Fill in th	nis information to identify your c	ase:		
Debtor 1				
Debtor 2	First Name	Middle Name	Last Name	
(Spouse if,		Middle Name	Last Name	
United S	States Bankruptcy Court for the:	WESTERN DISTRICT C	OF MISSOURI	
Case nu	ımber			
(if known)				☐ Check if this is an amended filing
Offici	al Form 106H			
	dule H: Your Code	ebtors		12/15
eople a ill it out, our nan 1. D	are filing together, both are equal, and number the entries in the kine and case number (if known).  Yo you have any codebtors? (If you	illy responsible for supp poxes on the left. Attach Answer every question	lying correct information. If more the Additional Page to this page	e and accurate as possible. If two married e space is needed, copy the Additional Page, e. On the top of any Additional Pages, write
Y	'es			
			operty state or territory? (Communerto Rico, Texas, Washington, and	unity property states and territories include Wisconsin.)
■ N	lo. Go to line 3.			
	es. Did your spouse, former spous	se, or legal equivalent live	with you at the time?	
in li Fori	ne 2 again as a codebtor only if	that person is a guaran	tor or cosigner. Make sure you h	ouse is filing with you. List the person shown ave listed the creditor on Schedule D (Official chedule D, Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and ZIP	<sup>o</sup> Code		an 2: <b>The creditor to whom you owe the debt</b> all schedules that apply:
3.1	Community Closet		□ Sch	nedule D, line
	9009 NE 122nd St.			nedule E/F, line 2.1
	Liberty, MO 64068		□ Sch	nedule G
			Clay (	County Collector
3.2	Resolution Reuse LLC		□ Scl	nedule D, line
				nedule E/F, line 4.17
				nedule G
			Cove	ntry Health and Life Ins
-				
3.3	Resolution Reuse LLC			nedule D, line
				nedule E/F, line <u>4.56</u>
			⊔ Sch <b>Sprin</b>	nedule G <i>t</i>
			البارات	

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Case number (if known)

	Additional Page to Liet Mars Codebtons	
	Additional Page to List More Codebtors  Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
		Check all schedules that apply:
3.4	Resolution Reuse LLC	☐ Schedule D, line
		■ Schedule E/F, line <b>4.1</b>
		☐ Schedule G
		Action Sales & Rental
3.5	Resolution Reuse LLC	☐ Schedule D, line
		■ Schedule E/F, line <b>4.5</b>
		☐ Schedule G
		American Fire Sprinkler Corp
		_
3.6	Resolution Reuse LLC	Schedule D, line
		Schedule E/F, line
		☐ Schedule G
3.7	Resolution Reuse LLC	Cabadula D. lina
3.1	Resolution Reuse LLC	Schedule D, line
		■ Schedule E/F, line <u>4.15</u> □ Schedule G
		Command Transportation, LLC
		· · ·
3.8	Resolution Reuse LLC	☐ Schedule D, line
0.0		■ Schedule E/F, line 4.18
		☐ Schedule G
		CRH Transportation
3.9	Resolution Reuse LLC	☐ Schedule D, line
		■ Schedule E/F, line
		☐ Schedule G Culligan of KC
		Cumgan or NC
3.10	Resolution Reuse LLC	Cobodulo D. See
3.10	Nesolulion Neuse LLO	□ Schedule D, line ■ Schedule E/F, line 4.21
		□ Schedule G
		Ferrellgas/Missouri
3.11	Resolution Reuse LLC	☐ Schedule D, line
		■ Schedule E/F, line
		☐ Schedule G
		Freightquote.com

Debtor 1 Casey E Hadley

Schedule H: Your Codebtors

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	Additional Page to List More Codebtors  Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
	Column 1. Tour codeptor	Check all schedules that apply:
3.12	Resolution Reuse LLC	☐ Schedule D, line
		■ Schedule E/F, line 4.23
		☐ Schedule G
		Gammon Equipment Co., Inc.
3.13	Resolution Reuse LLC	☐ Schedule D, line
		■ Schedule E/F, line
		☐ Schedule G
		Heartland Tires & Treads of KC
3.14	Resolution Reuse LLC	☐ Schedule D, line
		■ Schedule E/F, line <b>4.26</b>
		☐ Schedule G
		Inland Truck Parts & Service
3.15	Resolution Reuse LLC	☐ Schedule D, line
		Schedule E/F, line
		☐ Schedule G
		Kansas City Terminal Railway Company
2.46	Baselutian Bayes II C	
3.10	Resolution Reuse LLC	☐ Schedule D, line
		■ Schedule E/F, line <b>4.33</b> □ Schedule G
		Klassic Grafix
3.17	Resolution Reuse LLC	☐ Schedule D, line
		■ Schedule E/F, line <b>4.31</b>
		☐ Schedule G
		Kansas Turnpike Authority
0.40	Baselutian Bayes II C	<b>5</b> 0
3.18	Resolution Reuse LLC	☐ Schedule D, line
		■ Schedule E/F, line <u>4.45</u>
		☐ Schedule G One Source Staffing and Labor
		One Source Staining and Labor
3.19	Resolution Reuse LLC	□ Schodulo D. lino
3.18	Nesolution Neuse LLO	☐ Schedule D, line
		■ Schedule E/F, line <b>4.39</b> □ Schedule G
		Midwest Sweepers & Scrubbers

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Case number (if known)

	Additional Page to List More Codebtors	Orleans O. The condition of the last
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.20	Resolution Reuse LLC	☐ Schedule D, line
		■ Schedule E/F, line
		☐ Schedule G
		Purchase Power
2 24	Pagalistian Pagas II C	C Och a data D Kan
3.21	Resolution Reuse LLC	☐ Schedule D, line
		■ Schedule E/F, line <u>4.50</u> □ Schedule G
		R&R Midwest Services LLC
3.22	Resolution Reuse LLC	☐ Schedule D, line
		■ Schedule E/F, line
		☐ Schedule G
		Republic Services #394
3.23	Resolution Reuse LLC	☐ Schedule D, line
0.20		■ Schedule E/F, line
		☐ Schedule G
		Sims Global Solutions LLC
0.04	Paradistian Paradist II O	
3.24	Resolution Reuse LLC	□ Schedule D, line
		■ Schedule E/F, line <b>4.58</b> □ Schedule G
		Tomken Transporation DBA TBS Logistics
3.25	Resolution Reuse LLC	☐ Schedule D, line
		Schedule E/F, line4.60
		☐ Schedule G Town & Country Disposal
3.26	Resolution Reuse LLC	☐ Schedule D, line
		■ Schedule E/F, line
		☐ Schedule G
		Total Quality Logistics
3.27	Resolution Reuse LLC	☐ Schedule D, line
		■ Schedule E/F, line 4.64
		☐ Schedule G
		Universal Technologies, LLC

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Column 1: Your codebtor		Additional Page to List More Codebtors	
Schedule E/F, line   4.67		Column 1: Your codebtor	
Schedule S   Schedule G   Schedule D, line   4.67   Schedule G   Schedule G   Schedule G   Schedule D, line   4.71   Schedule D, line   4.71   Schedule D, line   4.71   Schedule D, line   4.72   Schedule G   Wedros Advertising   Schedule E/F, line   4.72   Schedule G   Williams Dirks Dameron   Schedule E/F, line   4.72   Schedule D, line   4.72   Schedule D, line   4.73   Schedule D, line   4.74   Schedule D, line   4.75   Sched	3.28	Resolution Reuse LLC	☐ Schedule D, line
Schedule D, line			
Schedule D, line			☐ Schedule G
Schedule E/F, line 4.71 □ Schedule G Vedros Advertising  3.30 Resolution Reuse LLC □ Schedule D, line □ Schedule D, line □ Schedule E/F, line 4.72 □ Schedule D, line □ Schedule D, line □ Schedule E/F, line 4.53 □ Schedule E/F, line □ Schedule D, line □ Schedule D, line □ Schedule D, line □ Schedule E/F, line □ Schedule D, line □ Schedule E/F,			US HealthWorks Medical Group of K.C.
Schedule E/F, line 4.71 □ Schedule G Vedros Advertising  3.30 Resolution Reuse LLC □ Schedule D, line □ Schedule D, line □ Schedule E/F, line 4.72 □ Schedule D, line □ Schedule D, line □ Schedule E/F, line 4.53 □ Schedule E/F, line □ Schedule D, line □ Schedule D, line □ Schedule D, line □ Schedule E/F, line □ Schedule D, line □ Schedule E/F,	2 20	Penalutian Pausa II C	C Ochodulo D Eco
	3.29	Resolution Reuse LLC	
Schedule D, line			
Schedule E/F, line   4.72   Schedule G   Williams Dirks Dameron			
Schedule E/F, line   4.72   Schedule G   Williams Dirks Dameron			
Schedule G   Williams Dirks Dameron	3.30	Resolution Reuse LLC	☐ Schedule D, line
3.31   Resolution Reuse LLC   Schedule D, line   Schedule E/F, line   4.53   Schedule G   Ryder Truck Rental			■ Schedule E/F, line4.72
Schedule E/F, line 4.53 Schedule G Ryder Truck Rental  3.32 Resolution Reuse LLC 9009 NE 122nd Street Liberty, MO 64068  Schedule D, line Schedule E/F, line 2.3 Schedule G Missouri Department of Revenue  3.33 Resolution Reuse LLC/ Joshua Ruble, RA  Schedule D, line Schedule E/F, line Schedule G De Lage Landen Financial Services  3.35 Resolution Reuse-LLC  Schedule D, line Schedule E/F, line Schedule E/F, line Schedule D, line Schedule G De Lage Landen Financial Services			
Schedule E/F, line 4.53 Schedule G Ryder Truck Rental  3.32 Resolution Reuse LLC 9009 NE 122nd Street Liberty, MO 64068  Schedule D, line Schedule E/F, line 2.3 Schedule G Missouri Department of Revenue  3.33 Resolution Reuse LLC/ Joshua Ruble, RA  Schedule D, line Schedule E/F, line Schedule G De Lage Landen Financial Services  3.35 Resolution Reuse-LLC  Schedule D, line Schedule E/F, line Schedule E/F, line Schedule D, line Schedule G De Lage Landen Financial Services			
Schedule E/F, line 4.53 Schedule G Ryder Truck Rental  3.32 Resolution Reuse LLC 9009 NE 122nd Street Liberty, MO 64068  Schedule D, line Schedule E/F, line 2.3 Schedule G Missouri Department of Revenue  3.33 Resolution Reuse LLC/ Joshua Ruble, RA  Schedule D, line Schedule E/F, line Schedule G Schedule G De Lage Landen Financial Services  3.35 Resolution Reuse-LLC  Schedule D, line Schedule G De Lage Landen Financial Services	3.31	Resolution Reuse LLC	☐ Schedule D. line
3.32 Resolution Reuse LLC 9009 NE 122nd Street Liberty, MO 64068    Schedule D, line   Schedule E/F, line   Schedule G   Schedule D, line   Schedule D, line   Schedule E/F, line   Schedule E/F, line   Schedule E/F, line   Schedule G   Schedule D, line   Schedule G   Schedule D, line			
3.32 Resolution Reuse LLC 9009 NE 122nd Street Liberty, MO 64068  Schedule E/F, line Schedule B, line Schedule B, line Schedule B, line Schedule G Missouri Department of Revenue  3.33 Resolution Reuse LLC/ Joshua Ruble, RA  Schedule D, line Schedule B/F, line			
9009 NE 122nd Street Liberty, MO 64068  Schedule E/F, line Schedule D, line Schedule G Schedule G Schedule D, line Schedule D, line Schedule G Schedule D, line Schedule G Schedule D, line			
9009 NE 122nd Street Liberty, MO 64068  Schedule E/F, line Schedule D, line Schedule G Schedule G Schedule D, line Schedule D, line Schedule G Schedule D, line Schedule G Schedule D, line	2.22		
Schedule G   Schedule G   Missouri Department of Revenue	3.32		
3.33 Resolution Reuse LLC/ Joshua Ruble, RA  Schedule D, line Schedule E/F, line Schedule D, line Schedule G Schedule D, line Schedule G Schedule E/F, line Schedule E/F, line Schedule G Schedule G Schedule D, line Schedule G Schedule G Schedule D, line Schedule G Schedule D, line			
3.33 Resolution Reuse LLC/ Joshua Ruble, RA  Schedule D, line Schedule G  3.34 Resolution Reuse-LLC  Schedule D, line Schedule E/F, line Schedule E/F, line Schedule G Schedule G Schedule D, line Schedule E/F, line Schedule E/F, line Schedule G			
3.34 Resolution Reuse-LLC  Schedule D, line Schedule E/F, line Schedule E/F, line Schedule E/F, line Schedule G De Lage Landen Financial Services  3.35 Resolution Reuse-LLC  Schedule D, line Schedule D, line Schedule E/F, line Schedule G			imissouri Department of Revenue
3.34 Resolution Reuse- LLC  Schedule D, line Schedule E/F, line Schedule G De Lage Landen Financial Services  3.35 Resolution Reuse-LLC  Schedule D, line Schedule D, line Schedule E/F, line Schedule E/F, line Schedule G Schedule G	3.33	Resolution Reuse LLC/ Joshua Ruble, RA	☐ Schedule D, line
3.34 Resolution Reuse-LLC  Schedule D, line Schedule E/F, line4.20 Schedule G De Lage Landen Financial Services  3.35 Resolution Reuse-LLC  Schedule D, line Schedule E/F, line4.6 Schedule G			☐ Schedule E/F, line
Schedule E/F, line			☐ Schedule G
Schedule E/F, line			
3.35 Resolution Reuse-LLC  Schedule D, line Schedule E/F, line Schedule G Schedule G Schedule G	3.34	Resolution Reuse- LLC	☐ Schedule D, line
3.35 Resolution Reuse-LLC  Schedule D, line Schedule E/F, line4.6 Schedule G			
3.35 Resolution Reuse-LLC □ Schedule D, line Schedule E/F, line 4.6 Schedule G			
■ Schedule E/F, line			De Lage Landen Financial Services
■ Schedule E/F, line <b>4.6</b> □ Schedule G	3.35	Resolution Reuse-LLC	☐ Schedule D, line
☐ Schedule G			

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I=:II	in this information to identify your	2001				I			
	in this information to identify your obtor 1 Casey E Ha								
	btor 2  puse, if filing)								
Uni	ited States Bankruptcy Court for the	: WESTERN DISTRICT	OF MISSOURI						
	se number nown)						nded filing ement sho	y owing postpetition ne following date:	
<u>O</u>	fficial Form 106I					MM / DE	)/ YYYY		
S	chedule I: Your Inc	ome							12/15
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Tt 1: Describe Employment information.	ır spouse is not filing w	ith you, do not inclu	de infori	mati	on about your : I case number	spouse. I (if knowr	f more space is	needed,
			☐ Employed				nployed	m ming opeace	
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Not employed				ipioyea it employe	ed	
	employers.	Occupation							
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed t	here?						
Pai	rt 2: Give Details About Mo	nthly Income							
spo If yo	imate monthly income as of the duse unless you are separated.  ou or your non-filing spouse have m	ore than one employer, co	, c				•	·	J
mor	e space, attach a separate sheet to	this form.							
						For Debtor 1		Debtor 2 or n-filing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.0	<u>o</u> \$_	0.00	
3.	Estimate and list monthly over	ime pay.		3.	+\$	0.0	+\$	0.00	
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	0.00	\$	0.00	

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Debt	or 1	Casey E Hadley	_	Case n	umber (if known)		
				For D	Debtor 1		Debtor 2 or
	C	u line 4 hone	4	•	0.00		filing spouse
	Сор	y line 4 here	4.	\$	0.00	\$	0.00
5.	List	all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	0.00
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00
	5e.	Insurance	5e.	\$	0.00	\$	0.00
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00
	5g.	Union dues	5g.	\$	0.00	\$	0.00
_	5h.	Other deductions. Specify:	5h.+	\$	0.00	- \$	0.00
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	0.00
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	0.00
8.		all other income regularly received:					
	8a.	Net income from rental property and from operating a business, profession, or farm					
		Attach a statement for each property and business showing gross					
		receipts, ordinary and necessary business expenses, and the total					
		monthly net income.	8a.	\$	0.00	\$	0.00
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	it				
		Include alimony, spousal support, child support, maintenance, divorce					
		settlement, and property settlement.	8c.	\$	0.00	\$	0.00
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00
	8e.	Social Security	8e.	\$	0.00	\$	0.00
	8f.	Other government assistance that you regularly receive					
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental	,e				
		Nutrition Assistance Program) or housing subsidies.					
		Specify:	8f.	\$	0.00	\$	0.00
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00
	8h.	Other monthly income. Specify: Contributions from parents	8h.+	\$	1,200.00	- \$	0.00
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,200.00	\$	0.00
10.		culate monthly income. Add line 7 + line 9.	10. \\$_	1	<u>,200.00</u> + \$_		0.00 = \$ 1,200.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.					
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives.	ır depend				
	Spe	not include any amounts already included in lines 2-10 or amounts that are not cify:	t avallabl	е то ра	ay expenses liste	ea in So 	11. +\$ <u>0.00</u>
12	<b>Δ</b> 44	the amount in the last column of line 10 to the amount in line 11. The res	eult ic th	م دمسا	nined monthly in	como	
12.		e that amount on the Summary of Schedules and Statistical Summary of Certa					
	appl	·			,		12. \$ <b>1,200.00</b>
							Combined
							monthly income
13.	Do y	ou expect an increase or decrease within the year after you file this form	n?				
		No.					
		Yes. Explain:					

Fill	in this informa	tion to identify y	our case:					
	otor 1	Casey E Had				Che	ck if this is:	
Dob	otor 2						An amended filing	ving postpotition shorter
	ouse, if filing)						13 expenses as of	ving postpetition chapter the following date:
Unit	ed States Bankr	uptcy Court for the	: WESTE	ERN DISTRICT OF MISSO	URI		MM / DD / YYYY	
Cas	e number							
(If k	nown)							
$O^{\dagger}$	fficial Fo	rm 106J						
		J: Your	 Exper	ises				12/1
Be info	as complete a	and accurate as	s possible eded, atta	. If two married people ar	e filing together, be form. On the top of	oth are equ f any additi	ially responsible fo onal pages, write y	or supplying correct your name and case
Par		ibe Your House	ehold					
1.	Is this a joir  No. Go to							
			in a separ	ate household?				
	□ N □ Y		st file Offic	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	otor 2.	
2.	Do you have	e dependents?	□No					
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state				0			■ No
	dependents	names.			Son			□ Yes ■ No
					Son		4	□ Yes
					Daughter		8	■ No □ Yes
								□ No
3.	Do vour ext	oenses include		No			_	☐ Yes
	expenses of	f people other t d your depende	than _	Yes				
Par	t 2: Estim	ate Your Ongoi	ing Month	ly Expenses				
exp				uptcy filing date unless y y is filed. If this is a supp				
				government assistance i				
	ficial Form 10		ia nave in	nada il on concale ii i	our moome		Your exp	enses
4.		or home owners		uses for your residence. In	nclude first mortgag	e 4. :	\$	0.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
	•	rty, homeowner'	•	's insurance upkeep expenses		4b. 4c.	·	0.00
		maintenance, re owner's associa				4c. 4d.	·	0.00
5.	Additional r	nortgage paym	ents for ye	our residence, such as ho	me equity loans	5.		0.00

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E Hadley	Case num	ber (if known)	
itv. heat, natural gas	6a.	\$	350.00
· · · · · · · · · · · · · · · · · · ·			75.00
		·	100.00
		·	0.00
· ·		· -	400.00
		·	0.00
			0.00
er e			
•			25.00
•	11.	Ф	0.00
	12.	\$	100.00
		·	0.00
		·	0.00
ontributions and rengious donations	17.	Ψ	0.00
e insurance deducted from your pay or included in lines 4 or 20			
urance	15a.	\$	0.00
		·	0.00
		·	100.00
		·	0.00
		<u> </u>	0.00
rsonal Property Taxes	16.	\$	35.00
		_	
		*	0.00
			0.00
• •		*	0.00
Specify:		\$	0.00
		•	0.00
	l <b>).</b> 18.		
nts you make to support others who do not live with you.		\$	0.00
		_	
			2.22
			0.00
		·	0.00
•			0.00
			0.00
wner's association or condominium dues	20e.	\$	0.00
y:	21.	+\$	0.00
• •		\$	1,185.00
	2		1,100.00
	_		
zza and zzb. The result is your monthly expenses.		<b>5</b>	1,185.00
ur monthly net income.		L	
ne 12 (your combined monthly income) from Schedule I.	23a.	\$	1,200.00
our monthly expenses from line 22c above.			1,185.00
×		·	1,100.00
ct your monthly expenses from your monthly income.			.=
sult is your monthly net income.	23c.	\$	15.00
ct an increase or decrease in your expenses within the year after	you file this	form?	
you expect to finish paying for your car loan within the year or do you expect y			e or decrease because o
he terms of your mortgage?			
Explain here:			
	ity, heat, natural gas sewer, garbage collection one, cell phone, Internet, satellite, and cable services Specify:  usekeeping supplies d children's education costs ndry, and dry cleaning e products and services dental expenses on. Include gas, maintenance, bus or train fare. e car payments. rt., clubs, recreation, newspapers, magazines, and books ontributions and religious donations  e insurance deducted from your pay or included in lines 4 or 20. urance insurance insurance. Specify:  t include taxes deducted from your pay or included in lines 4 or 20. rsonal Property Taxes  release payments:  release payments:	ity, heat, natural gas sewer, garbage collection sewer, garbage collection one, cell phone, Internet, satellite, and cable services Specify: 6d. usekeeping supplies 7. d children's education costs andry, and dry cleaning 9 e products and services 10. dental expenses 11. non, Include gas, maintenance, bus or train fare. 12. 13. 14. clubs, recreation, newspapers, magazines, and books 13. notributions and religious donations 14. 15. 16. cinsurance deducted from your pay or included in lines 4 or 20. 17. 18. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	ity, heat, natural gas sewer, garbage collection ner, cell phone, Internet, satellite, and cable services foc. \$ Specify: 6d.

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Fill in this infor	mation to identify your	case:			
Debtor 1	Casey E Hadley				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
	and winter Court for the	WESTERN DISTRICT C	NE MISSOLIDI		
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT C	JF MISSOURI		
Case number					
(if known)					ck if this is an nded filing
Official For	m 106Dec				
Declarat	tion About a	n Individual	<b>Debtor's Sc</b>	chedules	12/15
	8 U.S.C. §§ 152, 1341, 1	519, and 3571.			
Sig	n Below				
Did you pa	ay or agree to pay some	one who is NOT an attori	ney to help you fill out I	bankruptcy forms?	
■ No					
☐ Yes.	Name of person			Attach Bankruptcy Petition	
				Declaration, and Signature	(Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules file	ed with this declaration and	
X /s/ Cas	sey E Hadley		X		
Casey	E Hadley		Signature of	Debtor 2	
Signatu	re of Debtor 1				
Date	November 14, 2018		Date		

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		dan ('faranan				
	in this information to i		case:			
Dei	btor 1 Casey First Nam	E Hadley	Middle Name	Last Name		
	btor 2  ouse if, filing)  First Name	e	Middle Name	Last Name		
.	ited States Bankruptcy C		WESTERN DISTRICT OF			
		out for the.	WEGTERN DIGTRIOT OF	WIIOCOCK		
1	se number nown)					Check if this is an amended filing
	ficial Form 107 atement of Fin	_	Affairs for Individ	duals Filing for	Bankruptcy	4/16
info nun	rmation. If more space nber (if known). Answei	is needed, r every ques	ble. If two married people a attach a separate sheet to tion. rital Status and Where You	this form. On the top of a		
1.	What is your current n			Lived Belole		
•	_	nui nui otutu	<b>.</b>			
	<ul><li>Married</li><li>Not married</li></ul>					
2.		s have you	lived anywhere other than	where you live now?		
Z.	_	s, nave you	iived anywhere other than	where you live now:		
	<ul><li>☑ No</li><li>☑ Yes List all of the</li></ul>	nlaces vou li	ved in the last 3 years. Do no	ot include where you live n	nw.	
		. ,	·	·		D. D
	Debtor 1 Prior Addres	SS:	Dates Debtor 1 lived there	Debtor 2 Prior	Address:	Dates Debtor 2 lived there
	404 N Jefferson Av Liberty, MO 64068	re	From-To: <b>2006 - May 2</b> 0	☐ Same as Debto	or 1	☐ Same as Debtor 1 From-To:
	es and territories include  No Yes. Make sure yo	Arizona, Ca	ifornia, Idaho, Louisiana, Ne	vada, New Mexico, Puerto		itory? (Community property nd Wisconsin.)
Pai	rt 2 Explain the Sou	rces of You	Income			
4.	Fill in the total amount of	of income you	uployment or from operating a received from all jobs and a shave income that you receive	all businesses, including pa	irt-time activities.	alendar years?
	Yes. Fill in the deta	ails.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	om January 1 of current date you filed for bank		■ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commission bonuses, tips	S,
			☐ Operating a business		☐ Operating a busines	s

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

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				Dalitand					D-1-10		
				Debtor 1					Debtor 2		
				Sources of Check all t		(befo	s income re deductions sions)	and	Sources of in Check all that		Gross income (before deductions and exclusions)
	r last caler nuary 1 to	ndar year: December 3	31, 2017 )	■ Wages, bonuses, ti	es, commissions, s, tips			13.00	☐ Wages, conbonuses, tips	mmissions,	
				■ Operati	ng a business				☐ Operating a	a business	
		dar year bef December 3		■ Wages, bonuses, ti	commissions,		\$12	23.00	☐ Wages, conbonuses, tips	nmissions,	
				■ Operati	ng a business				☐ Operating a	a business	
	List each	•	ne gross inco	•	ave income that	•					
				Debtor 1					Debtor 2		
				Sources of Describe be		each (befo	s income fro source re deductions sions)		Sources of in Describe below		Gross income (before deductions and exclusions)
Pai	rt 3: Lis	t Certain Pay	ments You	Made Befor	e You Filed for	Bankrup	otcy				
6.	Are eithe ☐ No.	Neither De	btor 1 nor D	ebtor 2 has	marily consume primarily cons mily, or househo	umer de	bts. Consume	er debts	are defined in 1	1 U.S.C. § 10	01(8) as "incurred by an
		During the	90 days befo Go to line 7	•	or bankruptcy, d	id you pa	ay any credito	r a total o	of \$6,425* or m	ore?	
		☐ Yes	paid that cr	editor. Do no	t include payme	nts for do	mestic suppo				the total amount you and alimony. Also, do
		* Subject t			an attorney for t and every 3 year			iled on o	r after the date	of adjustmen	t.
	■ Yes.				primarily const or bankruptcy, d			r a total o	of \$600 or more	?	
		No.	Go to line 7								
		□ <sub>Yes</sub>	include pay		mestic support of						at creditor. Do not include payments to an
	Creditor	's Name and	Address		Dates of payme	ent	Total amo	unt aid	Amount you still owe	Was this	payment for

Case 18-42946-can7 Doc 1 Filed 11/14/18 Entered 11/14/18 15:36:02 Document Page 71 of 83 ase number (if known) Debtor 1 Casey E Hadley Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Reason for this payment Dates of payment **Total amount** Amount you still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. П No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Jacquiyn Hadley v. Casey Hadley Dissolution of Circuit Court of Clinton Pending 17CN CV00384 Marriage County MO □ On appeal □ Concluded American Express National Bank v. collection Circuit Court of Clay □ Pending Casey Hadley County MO □ On appeal 18CY CV05725 Concluded dismissed 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

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Pa	rt 5: List Certain Gifts and Contributio	ns			
13.	Within 2 years before you filed for bank  ■ No □ Yes. Fill in the details for each gift.	ruptcy,	did you give any gifts with a total value of more t	han \$600 per person <sup>•</sup>	?
	Gifts with a total value of more than \$6 per person	00	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:	b			
14.	Within 2 years before you filed for bank  ■ No □ Yes. Fill in the details for each gift or		did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co.	total	Describe what you contributed	Dates you contributed	Value
Pa	rt 6: List Certain Losses				
15.	or gambling?  ☐ No ☐ Yes. Fill in the details.		r since you filed for bankruptcy, did you lose any	thing because of thef	t, fire, other disaster
	Describe the property you lost and how the loss occurred	Includ	e the amount that insurance has paid. List pending noce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
	Truck was stolen and damaged summer of 2016		rance covered repairs in the amount of	Summer 2016	\$10,000.00
	consulted about seeking bankruptcy or	uptcy, d prepari	lid you or anyone else acting on your behalf pay or ing a bankruptcy petition? rs, or credit counseling agencies for services require		rty to anyone you
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Krigel & Krigel, PC 4520 Main Street, Suite 700 Kansas City, MO 64111 Debtor's parents Jack & Kim McCl		Attorney Fees \$2,165 plus filing fee \$335	11/13/18	\$2,500.00
17.	Within 1 year before you filed for bankr promised to help you deal with your cree Do not include any payment or transfer that I no Yes. Fill in the details.	editors o		or transfer any prope	rty to anyone who
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bank	ruptcy,	did you sell, trade, or otherwise transfer any pro	perty to anyone, othe	r than property

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Case number (if known)

	transferred in the ordinary course of your include both outright transfers and transfers rinclude gifts and transfers that you have alreated.  No Yes. Fill in the details.	made a	s security (such as	the granting of a	security	$\gamma$ interest or mortgage on you	ır property). Do not
	Person Who Received Transfer Address Person's relationship to you		Description and property transfer		pay	scribe any property or yments received or debts id in exchange	Date transfer was made
	Within 10 years before you filed for bankrubeneficiary? (These are often called asset-p  No Yes. Fill in the details.			ny property to a	self-se	ttled trust or similar device	e of which you are a
	Name of trust		Description and	value of the pro	perty tr	ansferred	Date Transfer was made
Part	8: List of Certain Financial Accounts, I	nstrun	nents. Safe Depos	it Boxes, and St	orage L	Inits	made
	Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, ass No  Yes. Fill in the details.	, or oth	ner financial accou	ınts; certificates	s of dep	•	
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)		at 4 digits of count number	Type of account or instrument		Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
	US Bank		Checking  Savings  Money Mark  Brokerage  Other		<b>9/2018</b> rket		\$0.00
	Do you now have, or did you have within foash, or other valuables?  No Yes. Fill in the details.	l year	before you filed fo	r bankruptcy, a	ny safe	deposit box or other depo	sitory for securities,
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)		Who else had ac Address (Number, State and ZIP Code)		Descri	be the contents	Do you still have it?
22.	Have you stored property in a storage uni	t or pla	ace other than you	r home within 1	year be	efore you filed for bankrup	tcy?
	■ No □ Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)		Who else has or had access to it?  Address (Number, Street, City, State and ZIP Code)		Describe the contents		Do you still have it?

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Par	t 9:	Identify Property You Hold or Control for	Someone Else						
23.	•	ou hold or control any property that someone.	one else owns? Include any proper	ty you borrowed from, a	are storing for, or hold in trust				
		No							
	□ `	Yes. Fill in the details.							
		er's Name ress (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value				
Par	t 10:	Give Details About Environmental Information	ation						
For	the pu	rpose of Part 10, the following definitions	apply:						
	toxic	conmental law means any federal, state, or substances, wastes, or material into the a ations controlling the cleanup of these sul	ir, land, soil, surface water, ground	-					
		neans any location, facility, or property as n, operate, or utilize it, including disposal		law, whether you now o	wn, operate, or utilize it or used				
		rdous material means anything an environ dous material, pollutant, contaminant, or		s waste, hazardous sub	stance, toxic substance,				
Rep	ort all	notices, releases, and proceedings that ye	ou know about, regardless of wher	n they occurred.					
24.	Has a	any governmental unit notified you that you	u may be liable or potentially liable	under or in violation of	an environmental law?				
	■ No □ Yes. Fill in the details.								
	Address (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law know it	, if you Date of notice				
25.	Have	you notified any governmental unit of any	release of hazardous material?						
		No Yes. Fill in the details.							
		e of site ress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law know it	Date of notice				
26.	Have	you been a party in any judicial or adminis	strative proceeding under any envi	ironmental law? Include	e settlements and orders.				
	_	No Yes. Fill in the details.							
		e Title e Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Par	t 11:	Give Details About Your Business or Con	nnections to Any Business						
27.	Withi	n 4 years before you filed for bankruptcy,	did you own a business or have an	ny of the following conn	ections to any business?				
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time								
■ A member of a limited liability company (LLC) or limited liability partnership (LLP)									
	_	☐ A partner in a partnership							
	☐ An officer, director, or managing executive of a corporation								
	ı	☐ An owner of at least 5% of the voting or	equity securities of a corporation						

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Debtor 1 Casey E Hadley

	No. None of the above applies. Go to F	Part 12.				
	Yes. Check all that apply above and fill	in the details below for each business.				
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business  Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.			
	(	Name of accountant of bookkeeper	Dates bus	Dates business existed		
	Resolution Reuse LLC 1000 West 12th Street	Recycling	EIN:	27-0937214		
	Kansas City, MO 64101		From-10	9/2009 - 2015		
	Global Thrift LLC 1000 West 12th Street	Thrift Store	EIN:	46-3639882		
	Kansas City, MO 64101		From-To	1/2014 -2015		
	Community Closet LLC 2806 Guinotte	Recycling	EIN:			
	Kansas City, MO		From-To	5/2016 - 2017		
_	K&C Contracting LLC	Hauling	EIN:			
			From-To	8/2018 to present		
C	No Yes. Fill in the details below.  Name Address (Number, Street, City, State and ZIP Code)	Date Issued				
Part	12: Sign Below					
are true with a 18 U.S	ue and correct. I understand that making a	nancial Affairs and any attachments, and I defalse statement, concealing property, or observed the second sec	otaining mo	ney or property by fraud in connection		
_		Data				
Date	November 14, 2018	Date		<del></del>		
Did yo ■ No □ Ye		ent of Financial Affairs for Individuals Filing	g for Bankru	<i>uptcy</i> (Official Form 107)?		
Did yo		an attorney to help you fill out bankruptcy	forms?			
□Ye	s. Name of Person Attach the Bankru	ptcy Petition Preparer's Notice, Declaration, a	nd Signature	e (Official Form 119).		

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Fill in this inform	ation to identify your o	220			
Debtor 1					
Debior	Casey E Hadley First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
	kruptcy Court for the:		ICT OF MISSOURI		
Officed States Barr	kruptcy Court for the.	WESTERN DISTR	ICT OF WIISSOURI		
Case number					☐ Check if this is an amended filing
					aoaoag
Official For	m 108				
		n for Indiv	iduale Filina I	Under Chapter	. 7
Statemen	t of intention	ii ioi iiidiv	iduais i iiiig (	onder onapter	12/15
If you are an indiv	idual filing under chap	oter 7, you must fill	out this form if:		
_	claims secured by you				
You must file this	er is earlier, unless the	ithin 30 days after y	ou file your bankruptcy ہ		for the meeting of creditors, creditors and lessors you list
	ople are filing together I date the form.	in a joint case, bot	h are equally responsible	e for supplying correct info	ormation. Both debtors must
	nd accurate as possibl ur name and case num		needed, attach a separat	e sheet to this form. On th	e top of any additional pages,
Part 1: List You	ur Creditors Who Have	Secured Claims			
For any creditor information below	-	rt 1 of Schedule D:	Creditors Who Have Clai	ims Secured by Property (	Official Form 106D), fill in the
	ditor and the property th	nat is collateral	What do you intend to d secures a debt?	do with the property that	Did you claim the property as exempt on Schedule C?
Creditor's <b>St</b> oname:	earns Bank		☐ Surrender the property	•	□ No
	ion of 9009 NE 122nd Street Libe	eet Liberty,	Retain the property ar  Reaffirmation Agreen	nd enter into a	Yes
property	MO 64068 Clay Co	unty	Retain the property ar	nd [explain]:	
securing debt:			Debtor believes the Trustee will sell	re is equity and	
Part 2: List You	ur Unexpired Personal	Property Leases			
For any unexpired in the information	l personal property lea below. Do not list rea	se that you listed i	xpired leases are leases		Leases (Official Form 106G), fill lease period has not yet ended.
Describe your un	expired personal prop	erty leases		1	Will the lease be assumed?
Lessor's name:					□ No
Description of leas	sed			l	□ No
Property:				ו	☐ Yes
Lessor's name: Description of leas	has			1	□ No
Property:				1	☐ Yes

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Debtor	1 Casey E Hadley	Case number (if known)	
	s name:		□ No
Descrip Property	otion of leased y:		☐ Yes
	s name:		□ No
Descrip Property	otion of leased y:		☐ Yes
	s name: otion of leased		□ No
Property			☐ Yes
	s name: otion of leased		□ No
Property			☐ Yes
	s name:		□ No
Property	tion of leased y:		☐ Yes
Part 3:	Sign Below		
	penalty of perjury, I declare that I have indicated my intention y that is subject to an unexpired lease.	about any property of my estate that sec	cures a debt and any personal
	/ Casey E Hadley	X	
	asey E Hadley gnature of Debtor 1	Signature of Debtor 2	
Da	November 14, 2018	Date	

Fill in this information to identify your case:		Check one b	ox only as d	irected in this form and	I in Form
Debtor 1 Casey E Hadley		122A-1Supp	t .		
Debtor 2		■ 1 The	re is no pres	umption of abuse	
(Spouse, if filing)		_	•	•	C
United States Bankruptcy Court for the: Western Dist	trict of Missouri			o determine if a presur nade under <i>Chapter 7 i</i>	•
Case number				icial Form 122A-2).	
(if known)	_			does not apply now be service but it could ap	
		☐ Chec	k if this is a	n amended filing	
Official Form 122A - 1					
Chapter 7 Statement of Your (	<b>Current Monthly</b>	Income			12/1
Be as complete and accurate as possible. If two married peattach a separate sheet to this form. Include the line numbecase number (if known). If you believe that you are exemptequalifying military service, complete and file Statement of Part 1:  Calculate Your Current Monthly Income	er to which the additional inform ed from a presumption of abuse Exemption from Presumption of	nation applies. Or because you do	n the top of ai not have prir	ny additional pages, writ narily consumer debts o	te your name and or because of
What is your marital and filing status? Check of	one only.				
□ Not married. Fill out Column A, lines 2-11.	ono omy.				
☐ Married and your spouse is filing with you.	Fill out both Columns A and B	s, lines 2-11.			
■ Married and your spouse is NOT filing with					
☐ Living in the same household and are no			and B. lines 2	P-11.	
■ Living separately or are legally separated	• • • • • • • • • • • • • • • • • • • •		,		ı declare under
penalty of perjury that you and your spouse living apart for reasons that do not include a	e are legally separated under r	onbankruptcy la	w that applie	es or that you and your	
Fill in the average monthly income that you received fro 101(10A). For example, if you are filing on September 15, the the 6 months, add the income for all 6 months and divide the spouses own the same rental property, put the income from	he 6-month period would be March ne total by 6. Fill in the result. Do no	n 1 through August ot include any inco	31. If the amo	ount of your monthly incomore than once. For examp	ne varied during le, if both
		Column 1		Column B Debtor 2 or non-filing spouse	
<ol><li>Your gross wages, salary, tips, bonuses, over payroll deductions).</li></ol>	time, and commissions (befo	ore all \$	0.00	\$	
<ol> <li>Alimony and maintenance payments. Do not in Column B is filled in.</li> </ol>	nclude payments from a spous	e if \$	0.00	\$	
4. All amounts from any source which are regula of you or your dependents, including child sup from an unmarried partner, members of your hous and roommates. Include regular contributions from filled in. Do not include payments you listed on lin	<b>pport.</b> Include regular contribusehold, your dependents, parema spouse only if Column B is	itions nts,	0.00	\$	
5. Net income from operating a business, profes					
	Debtor 1				
Gross receipts (before all deductions)	\$ <u>0.00</u> -\$ <u>0.00</u>				
Ordinary and necessary operating expenses	0.00	ere -> ¢	0.00	\$	
Net monthly income from a business, profession,  6. Net income from rental and other real property			0.00	Ψ	
o. Net income nom rental and other real property	Debtor 1				
Gross receipts (before all deductions)	\$ 0.00				
Ordinary and necessary operating expenses	-\$ 0.00				
Net monthly income from rental or other real prop	erty \$ 0.00 Copy h	ere -> \$ _	0.00	\$	
7. Interest, dividends, and royalties		\$	0.00	\$	

Official Form 122A-1

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Debtor 1 Casey E Hadley Case number (if known)

					C	Column A		Colun	nn B		
					D	ebtor 1			or 2 or iling s <sub>l</sub>		
8.	Unemp	loyment compensation			\$		0.00	\$	9 -1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		enter the amount if you contend that the amount ial Security Act. Instead, list it here:	received was a benef	it under							
			<b>O</b> .	00							
	For y	ou\$ our spouse\$									
9.		n or retirement income. Do not include any amunder the Social Security Act.	ount received that was	s a	\$		0.00	\$			
10.	Do not i	from all other sources not listed above. Spe nclude any benefits received under the Social S d as a victim of a war crime, a crime against hun c terrorism. If necessary, list other sources on a ow.	ecurity Act or paymen nanity, or international	ts or							
		Contributions from Parents			\$	1	,200.00	\$			
					\$		0.00	\$			
		Total amounts from separate pages, if any.		+	\$		0.00	\$			
11.		te your total current monthly income. Add lin lumn. Then add the total for Column A to the tot		\$	1,2	200.00	+ \$_			= \$	1,200.00
Part	2: [	Determine Whether the Means Test Applies to	o You							incom	
12.	Calcula	te your current monthly income for the year.	Follow these steps:								
	12a. Co	py your total current monthly income from line 1	1			Сор	y line 11	here=>		\$	1,200.00
	Ми	ultiply by 12 (the number of months in a year)								<b>x</b> 1	
	12b. Th	e result is your annual income for this part of the	e form						12b.	\$	14,400.00
13.	Calcula	te the median family income that applies to y	ou. Follow these step	s:							
	Fill in th	e state in which you live.	МО								
	Fill in th	e number of people in your household.	1								
		e median family income for your state and size							13.	\$	47,125.00
		a list of applicable median income amounts, go of form. This list may also be available at the banki		pecified	in 1	the separ	ate instru	ctions			
14.	How do	the lines compare?									
	14a.	Line 12b is less than or equal to line 13. Or Go to Part 3.	n the top of page 1, ch	eck box	۲1,	There is	no presu	mption of	f abuse		
	14b.	☐ Line 12b is more than line 13. On the top o Go to Part 3 and fill out Form 122A-2.	f page 1, check box 2,	The pr	esi	ımption o	f abuse is	s determii	ned by	Form 12	22A-2.
Part	3:	Sign Below									
	Ву	signing here, I declare under penalty of perjury	that the information or	this sta	ate	ment and	in any at	tachmen	ts is tru	e and c	orrect.
	X_	/s/ Casey E Hadley									
		Casey E Hadley Signature of Debtor 1									
	_	November 14, 2018  MM / DD / YYYY  rou checked line 14a, do NOT fill out or file Form	n 122A-2.								
	•	ou checked line 14b, fill out Form 122A-2 and fi									

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
<u>+</u> \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.